

THE ALABAMA MEDICAL JOURNAL.

VOL. 18.

MAY, 1906.

No. 6

Original Communications.

CAESAREAN SECTION AS AN ELECTIVE OPERATION.

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Mr. President and Gentlemen of the Medical Association of the State of Alabama:

Just five years ago I read a paper before the Jefferson County Medical Society on Caesarean Section with the report of a case. In this article an effort was made to emphasize the superior value of the predetermined elective Caesarean Section in a considerable proportion of the cases in which Symphyseotomy, the induction of premature labor, craniotomy, etc., are practiced and are recommended in many of the text-books. Subsequent experience in this class of cases and in abdominal surgery generally has led me to the conclusion that the elective Caesarean Section has even a broader field of usefulness than was set forth in my former paper.

When it is taken into consideration that by actual measurement about 10 per cent. of all the white women in America will be found to have contracted pelves, and that two per cent. are contracted to such an extent as to mechanically obstruct the delivery of the child and to demand some operative interference, and that on the selection and

election of this operative procedure and the promptness with which it is done depends the life of frequently the mother and more frequently the child, we cannot but be impressed with the importance of this subject, especially to the general practitioner who throughout our Southern country is most frequently the obstetrician as well.

There are three types of Caesarean Section: (1) The Sanger operation, which contemplates simply the removal of the child through the abdominal wall; (2) The Porro operation or laparo-hysterectomy, in which the whole or part of the uterus is removed after the delivery of the foetus, and (3) the Vaginal Caesarean Section in which the child is delivered by incision of the uterus made through the vagina.

The indications for Caesarean Section may be divided into (1) absolute and (2) relative. The operation is absolutely indicated with a live child in a flattened pelvis with a true conjugate of 6.5 centimetres or less or in uniformly contracted pelvis 7.5 centimetres or less, or with a dead child in a pelvis measuring 5.5 centimetres or less, or when the mother is moribund or has just died. It is also absolutely indicated in certain cases of atresia of the vagina and cervix due to the presence of cicatricial bands; or when there is a myoma in the lower uterine segment of sufficient size to block the pelvic outlet; or where there are tumors of the pelvic bones, malignant or benign which prevent delivery per vias naturales. Of cases of this class I shall have very little to say except to urge the importance of early diagnosis in order that we may give our patients the benefit of early operation and prevent ante-operative exhaustion and consequent lowered resistance which are such potent factors in the mortality of this operation.

This can always be accomplished only by careful and thorough examination in the later weeks of pregnancy, by external palpation, digitally and with the plevimetre of every primipara and of every multipara the history of whose previous confinements leads to the suspicion of mechanical obstruction. The presence of practically all of these conditions which constitute the absolute indications for Caesarean Section can be positively determined before the onset of labor if we will only give our patients the benefit of thorough examination including careful mensuration.

The indication for Caesarean Section is relative when the child

is alive in a pelvis whose true conjugate measures from 6.5 to 8.5 centimetres, or in a generally contracted pelvis with a conjugata vera of 9 centimetres. The course of labor in cases of this class will depend upon the size and mobility of the foetal head and upon the force of the uterine contractions. The same condition of the pelvis which in one case would positively demand surgical interference might not prevent spontaneous delivery in another. An excellent rule laid down by Williams in the border line cases of this class is that if after an hour of strong second-stage pains the signs of engagement are absent Caesarean Section should be seriously considered. Other relative indications for Caesarean Section are the presence of obstructive myomatous tumors in the lower uterine segment which are susceptible of removal through the vagina; prolapsed ovarian or other tumors which cannot be replaced under anaesthesia; the existence of carcinoma of the cervix which has resulted in the formation of dense rigid tissue rendering dilatation of the cervix impossible; in rare instances the existence of malignant growths of the rectum which obstruct the pelvic canal; in rare cases of eclampsia in primiparous women in which the cervical canal is resistant and almost cartilaginous in consistence rendering dilatation impossible; in cases of complete placenta praevia which have passed the seventh month and are not in collapse from hemorrhage; and in uncontrollable hemorrhage from the site of placenta attended with uterine inertia.

In the selection of procedures in this class we should be influenced first and foremost by what will conserve the best interests of the mother, at the same time when two methods offer equal or nearly equal chances for the mother and the one has a small while the other has a large infantile mortality the interests of the infant should receive due consideration. In occasional cases a slightly increased risk to the mother would be more than compensated for by the rescue of the offspring.

The obstetric procedures with which elective Caesarean Section comes in competition in flattened or contracted pelves are (1) symphyseotomy, or division of the pubic joint. This operation is only applicable with a true conjugate of 6.5 to 8.5 centimeters and it is a much more difficult operation than the text-book descriptions would

lead us to believe. The hemorrhage attending it is frequently annoying, and the danger of injury to the bladder and other soft tissues is not inconsiderable. It is not devoid of the dangers of infection and is frequently followed by loss of locomotion from permanent mobility of the pubic bones. Not infrequently errors in the estimation of the size of the head or pelvis have resulted in the inability to deliver after the performance of a symphyseotomy and a supplementary Caesarean Section or craniotomy would become necessary. In favorable cases, those which are not exhausted by prolonged labor and which are uninfected the statistics show better maternal mortality from the Sanger Caesarean Section than from symphyseotomy and of course in the former the infantile mortality is infinitely better, for there is no obstetric procedure in which the infantile mortality is so small as in Caesarean Section. On the other hand, in unfavorable cases where there is exhaustion from prolonged labor, and where frequent examinations have rendered infection probable, symphyseotomy comes in competition with the Porro Caesarean Section or Laparo-Hysterectomy. In this class symphyseotomy gives a better maternal mortality and should be the operation of choice. This narrows the indications for symphyseotomy down to the cases with conjugates of from 6.5 to 8.5 centimetres which have become exhausted from prolonged labor and which are infected, and this is a class which should not exist and would not exist if careful digital examinations and measurements were made before the onset of labor.

2. The induction of premature labor may be elected when the foetus is viable between the 28th and 36th weeks in pelvis measuring 6 1-2 to 8 centimetres. The maternal mortality resulting from this procedure has within the last few years, since the general introduction of modern surgical technique, been very much reduced, but the enormous foetal mortality of 50 per cent. should be a strong argument against it, when it is taken into consideration that such cases would at term come under the favorable class for Caesarean Section in which both the maternal and the infantile mortality is almost nil.

3. Craniotomy should only be done when the child is dead and the conjugate is 5 1-2 centimetres or more. This procedure should never be resorted to if the child is alive, but symphyseotomy, the Sanger or

Porro Caesarean Sections selected according to the indications mentioned above.

The presence of a myoma in the lower uterine segment should be a positive indication for Caesarean Section, unless the growth be pedunculated, when it might be removed and labor terminate normally. The dangers of the removal of these tumors are, first, hemorrhage, and second, infection. Prolapsed ovarian tumors which block the pelvis and cannot be replaced under anaesthesia demand Caesarean Section. The Porro Caesarean Section should be the operation of election in carcinoma which has rendered the cervix incapable of dilatation. This is indicated both in the interest of the mother and the child. In obstructive malignant growths of the rectum, the Sanger operation is the one of election.

In rare cases of eclampsia in primipara in which the cervix is resistant and undilatable, the vaginal Caesarean Section is the operation of election. This operation consists in separating up the bladder in front and the peritoneum behind and incising the cervix anteriorly and posteriorly.

In cases of complete placenta praevia which have progressed as far as the seventh month, Caesarean Section offers as good or better maternal and a much better infantile mortality than any other procedure, provided the patient is not in collapse from hemorrhage.

In cases of hemorrhage from site of placenta associated with uterine inertia which is not controlled by hot irrigations, packing the uterine cavity, etc., the Porro operation is indicated.

The maternal mortality in the conservative Sanger operation varies from nil to 6 per cent., dependent upon whether it be elective or done as a dernier resort. In the Porro operation the maternal mortality is higher and varies from 2 1-2 to 10 1-2 per cent., dependent upon the same conditions. This does not take into account the remote results in operations necessitated by carcinoma.

In the vaginal operation, whose chief indication is a resistant and undilatable cervix in rare cases of eclampsia occurring in primipara, the maternal and infantile mortality is smaller than in any other method of treatment.

From the foregoing it is seen that Caesarean Section gives a

smaller mortality than any other obstetric procedure, and that the maternal mortality varies within considerable limits, dependent upon whether the operation be elective. Grandin and Jarman say in their work on obstetrics: "There is no obstetric operation in which elective surgery plays a greater role in determining the prognosis than in Caesarean Section. The elective Caesarean Section, so simple and accurate is its technique, subjects the woman to but one risk, and that is septic infection. On the other hand, when it is only determined on after forceps and version have failed, the woman being exhausted and the child as well, the mortality is necessarily higher."

In connection with the foregoing I beg to report the following cases:

Case 1. C. W., age 19, primipara, seen January 14, 1901, in consultation. Patient had been in active labor for twenty-four hours. Her general condition was fairly good, pulse 110. She was complaining of intense and constant pain. On examination the vagina was found to be completely occluded by a hard, dense, inelastic, connected tissue wall. Retracting the labia, the imperforate white connected tissue was perfectly visible. Nothing definite could be determined about the cervix. The foetal heart was distinct and strong. On inquiry it was ascertained that shortly after conception occurred, a physician had been employed to induce a criminal abortion, and that for a period of two months or more he had made systematic applications to the cervix and vagina of cauterants, which patient said had caused her great pain and kept her in bed most of the time. The woman was sent to the hospital and operation begun twenty-eight hours after the onset of labor. A median incision was made through the linea alba, about 20 centimetres in length, one-third being above and two-thirds below the umbilicus. After the cavity was opened and the uterus exposed, an attempt was made to locate the placental site, but failing to do so, a median longitudinal incision was made in the anterior uterine wall, an assistant having previously grasped the uterine arteries. If measurements had been made and I had tried to do so, I could not have struck the center of the placenta more accurately. This, however, in no way complicated the operation, as it

can be rapidly separated and the hemorrhage perfectly controlled if the uterine arteries are properly compressed by the hand of an assistant. The amnionic sack was then ruptured, the margins of the abdominal incision being compressed by an assistant, against the sides of the uterus to prevent the fluid from escaping into the abdominal cavity. The child and placenta were then rapidly delivered and turned over to a nurse who tied the cord and resuscitated the baby, though not without difficulty. An exploration was then made of the cervix from above, and it was found undilated and hard and apparently occluded. With an assistant pressing his finger from below, against the thinnest point in the fibrous septum, which was about its center, and with my finger in the internal os, I made an incision from above through the fibrous septum having the bistoury withdrawn through the vagina. A 2 1-2 inch eight-layer gauze drain was then passed from above through the cervix and the vaginal cicatricial tissue leaving one end in the uterine cavity. The uterus, which was firmly contracted, was then closed by first a layer of interrupted silk sutures which included the muscularis from just beneath the peritoneum to just external to the mucosa. After this the margins of the uterine peritoneum were coapted by interrupted Lembert sutures and the abdominal incision closed in layers. During the entire operation, which embraced fifty minutes, the woman did not lose as much blood as is ordinarily lost in a normal confinement. The gauze drain left in the uterus was removed the next day after operation and the uterus irrigated with normal salt solution, after which a gauze drain was reintroduced. This was repeated daily for several days. The patient had very little shock after operation and began taking nourishment the next day. Pulse ranged from 76 to 88 and temperature from normal to 100 degrees or a little over; the latter slight elevation being attributed to fibrin absorption. The abdominal suture which was a continuous subcutaneous silver wire, was removed on the tenth day and the incision had closed per primam, with no induration or the slightest evidence of infection. On the fifteenth day after the operation the temperature went to 101 1-2 degrees and on the eighteenth day there was a discharge of pus from the lower angle of the abdominal incision, which came from the wall of the uterus. Evidently the

coaptation of the uterine muscularis was faulty, admitting of a pocket in which a blood clot was formed that afterwards broke down and suppurated. The patient was out of bed on the fourteenth day and her further convalescence was uneventful. The baby nursed until he was eighteen months old and in his growth and development differed in no wise from the infants who enter the world in the natural way.

Case 2. Mrs. McK., Primipara, age 26. Examined in the night of April 24th. Gave history of having reached full term. For several days previously had had periodical pains at intervals, with long remissions during which she was comparatively comfortable. On digital examination the vault of the vagina was found almost entirely filled by a myomatus tumor nearly as large as the closed fist, which was in the lower uterine segment. The cervix was dilated just enough to introduce one finger. The tumor was so large that it absolutely precluded the possibility of spontaneous delivery. On account of the slight cervical dilation and the fact that the patient was at this time perfectly comfortable, it was decided to defer operation until the pains should start again. The foetal heart sounds at this time could be heard. Patient slept well that night and the pain started again about 10:30 on the following morning. Simultaneously with the commencement of the pains, there was a rather profuse discharge of meconium from the vagina. On examination at this time, the foetal heart sounds were absent. The operation was performed as in case No. 1. On delivery, the child was found to be dead. The operation was completed just as in my first case, except that no gauze drain was left in the uterus. More blood was lost than formerly, on account of the fact that no constriction of the uterine arteries was made until after the delivery of the foetus and placenta. Recovery from the anesthetic was prompt and the patient progressed nicely for the first three days, the bowels moving satisfactorily and the abdomen being soft, undistended and not sensitive. On the third day she had a rigor and temperature jumped to 103 degrees, pulse to 120. From this time on she ran a typical course of puerperal septicaemia, and died on the eleventh day after operation. In this case there was an intra-uterine infection prior to operation, which would have caused a septicaemia,

with or without the operation, and in my opinion would have caused death in either event.

Case 3. B. F., age 23, primipara. This patient was seen about December 1st in consultation. She gave a history of being about eight months pregnant. Her history and condition also indicated Rickets in childhood, as there were exostoses of considerable size on several of the long bones. She had a flattened pelvis with a true conjugate of about ten cm. There was a bony tumor at the sacro iliac synchondrosis on the right side, which I thought would prevent delivery. I advised waiting until labor started, and if after an hour or more of active second-stage pains, there was no engagement of the head, then do a Caesarean Section. Labor began at 1:30 a. m. on the 27th of December, 1905, and patient was sent into the Hillman Hospital. Dilatation was complete and second stage pains started about noon. At 2.30 p. m., after frequent and strong bearing down pains, there was no engagement, so immediate operation was advised. The operation was begun at 3:30 and executed as in the first and second cases. The baby was resuscitated without difficulty and the course of mother and infant was absolutely uneventful. The milk started on the third day, the subcutaneous abdominal stitch was removed on the 9th day, she was out of bed on the 10th day and drove home on the 14th day after operation.

DEDUCTIONS.

The text-books in their descriptions of this operation do not lay sufficient emphasis upon the necessity for and methods of controlling hemorrhage. On the contrary, it is indicated by Kelly that hemorrhage is as a rule insignificant. It is my opinion that the welfare of these patients is best conserved by reducing the loss of blood to a minimum. And this is best done by having the uterine arteries compressed by the hand of an assistant before the incision into the uterus is made. If this be done, there is no blood lost, except what is already in the uterine sinuses. If this is not done, the bleeding may be considerable.

Another point about which I am convinced some of the text-books are in error, is the statement as to the ease with which the placental site may be located by the doughy feel, the increased vascularity, etc.

It has been my observation that this cannot be accurately done. However, it is a matter of insignificance, as an incision immediately over the placenta in no wise complicates matters, provided the uterines are properly compressed.

In elective Caesarean Section I do not believe that it is ever necessary to remove the uterus, except in the presence of uncontrollable hemorrhage from the site of placenta, or where there is carcinoma of the uterus or myomatous tumors which cannot be enucleated, or where there is a strong probability of severe intra-uterine infection. If it is desirable to prevent future conceptions on account of a contracted pelvis, or for any other cause, it is best accomplished by tying off the tubes near the uterus and resecting the interstitial portion, closing the incision into the uterus with catgut. This can be done without loss of time and involves a minimum amount of surgery. In cases in which a diagnosis of positive indications for Caesarean Section has been made before the onset of labor, I am persuaded that it is safest and best to carefully compute the termination of gestation and when this time arrives to operate regardless of the onset of labor. I am also convinced that a diagnosis of the conditions which would necessitate Caesarean Section can almost invariably be made before the onset of labor. If this be done, then the operation becomes one of election, and in the hands of an experienced operator and done under the proper conditions, the maternal and infantile mortality should be practically nil.

ACUTE MILIARY TUBERCULOSIS.

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The chief points of pathological interest in acute miliary tuberculosis are finding correct answers to two questions—viz:

1. What are the primary foci from which the disease becomes generalized, and
2. What are the routes by which this generalization takes place?

Pathologically miliary tuberculosis is the condition produced in the tissues by the arrest and subsequent development of vast numbers of bacilli, the gross changes to which the name is due being the for-

mation of the small greyish white hemi-spherical modules commonly known as tubercles, and which are entirely familiar to all.

Unless cases have run a somewhat chronic course, these tubercles show the same histologic changes; that is, are all of the same age, but when there have been successive irruptions of the bacilli into the vascular channels, various intermediate stages of development are seen, a fact to which I shall refer again.

HISTORY.

To Astley Cooper belongs the credit for having first located one of the most common foci from which the bacilli become generalized—his paper calling attention to the role played by the thoracic duct in the production of miliary tuberculosis was written in 1798; this paper, which is really the keystone of modern knowledge on this subject, made no impression on the profession of his time, was soon forgotten, and the vague unscientific ideas were still accepted for three-quarters of a century as facts, when Porfick awakened interest in the subject, called attention to Cooper's work, corroborated it and added cases of his own.

In 1877, five years before Koch's discovery of the bacillus, Weigert, a trained pathologist, took up the subject of the relation of the blood routes to miliary tuberculosis, and came to the conclusion that all cases were due to extravascular foci, bringing forward cases in which he could demonstrate where caseating glands had ruptured into veins as well as into the thoracic duct. More frequently, however, he found tubercles in the intima of veins, which did not affect the serous or muscular coats, but despite this very convincing fact he argued that all tubercles found in the lumen of vessels were in contact at some point, near or remote, with a caseous focus, not distinguishing between those which were and those which were not in demonstrable continuity with a caseous focus. He gives details of the findings in many interesting cases, probably the most interesting of which being a case of Addison's disease followed by acute miliary tuberculosis in which he found tubercles in the supra-renal vein in direct relationship with the caseating adrenal.

Weigert's teaching that the infecting focus was always extra-vascular held until Benda widened our conceptions and perfected our

knowledge of the processes involved. He pointed out that however true it might be that the tubercles found in vascular channels were in direct contact with caseous foci, yet as such tubercles are almost always multiple and in the case of the thoracic duct may be innumerable, the position that there was a corresponding number of direct infections from the outside was obviously untenable. Moreover by far the greater number of tubercles sit on the inner side of the elastic intima leaving the media intact, and that when the outer coats are affected it is more reasonable to suppose that the process has occurred from within outward. These intimal tubercles are extremely rich in bacilli, which have the characteristics of those grown on culture media, whereas the tubercles seen in the spleen, kidney and other organs are poor in bacilli, so that it would seem reasonable to assume the intimal tubercle to be an intermediate stage, a sort of middle man, in the production of miliary tuberculosis.

This growth of multiple tubercles beneath the endothelium Benda called *endangitis tuberculosa*. It is a matter of interest that giant cells are, in these intimal tubercles, few in number or entirely absent, while in tubercles elsewhere in which bacilli are scanty giant cells are numerous; there seeming to be for increase in bacilli a *pari-passu* decrease in giant cells.

From these intimal tubercles the bacilli are liberated en masse as an embolus, or occasionally as emboli, several days or even weeks intervening between successive irruptions, a fact which may be correlated with the exacerbations of symptoms seen in some prolonged cases; and further only such a repetitive process would account for the interesting fact that in the kidney one occasionally finds glomeruli stuffed with bacilli without any sign of an inflammatory re-action, a fact which is conclusive proof that the bacilli had not multiplied in situ.

As to how the intima becomes the seat of tuberculous *endangitis*, it is highly probable that in the slowly moving venous stream that the bacilli enter the vascular wall through the *vaso vasorum*, these vessels are small, in a measure terminal and not subjected, in the veins to great or sudden changes of wall tension and would therefore make safe and easy harbors for the bacilli. They must find a nidus before they can grow, for the bacillus does not grow when in motion and is hydrophobic. Caseous glands, intimal tubercles or free bacilli in the blood stream are not the only foci from which miliary tuberculosis

occurs. It has followed tuberculous osteo-myelitis, operations on tuberculous joints: there the firm tissues through which the joints are vascularized tend to patency of vessels which, when not previously closed by disease or at the operation by the manipulations of the surgeon, offer a ready point of entry for the bacilli.

About 16 per cent. of the cases of tuberculous peritonitis terminate in acute miliary tuberculosis. Here it seems at first glance that the bacilli would have no difficulty in becoming generalized, as the peritoneum like the pleura is unprotected by chains of lymph glands. The explanation of the comparative infrequency of a general infection lies doubtless in the fact that the peritoneal stomata are quickly sealed by the reactive inflammation caused by the growth of the bacilli.

The fact that miliary tuberculosis has not infrequently followed the tapping of a serous pleurisy has caused many physicians to refrain from tapping unless dyspnoea or cardiac embarrassment urgently demand it. This lamentable result may, I feel, be avoided if the fluid be withdrawn slowly through a small canula, not using an aspirator at all. For when the fluid is too rapidly withdrawn the change from a negative to a positive intra-thoracic pressure is sufficient in some instances to break down the previously sealed pleural stomata; and the bacilli are sucked out into the lymph stream. If two or three hours be taken to withdraw the fluid very little strain is put upon the stomal sealing and its integrity is not destroyed.

It is common knowledge that pulmonary phthisis rarely terminates in miliary tuberculosis. In phthisis there is first a tuberculous bronchitis, later a tuberculous broncho-pneumonia; now even as early as the bronchitis, changes occur in the blood vessels supplying the affected areas—the lumen narrows and the wall thickens as a result of the inflammatory changes, and early in the broncho-pneumonia stage complete thrombosis usually occurs. Even the vessels traversing cavities are blocked for considerable distances. Unfortunately a tendency to the formation of miliary aneurisms on the proximal side of vessels occurs, which latter may become the seat of pulmonary hemorrhages; but here the pressure is too great for the bacilli to enter against and it is an extension of broncho-pneumonia and not a miliary tuberculosis which ensues. That is, dissemination by the air passages and not by the blood vessels.

AGE.

Miliary tuberculosis may and does occur at any age, but the incidence is far greater in childhood, the selective age being between two and ten in the 72 cases studied in the pathological department of the London Hospital by Salaman. In children the lymph spaces are wider, the tissues are softer, and measles and whooping cough are infinitely more common than in adults.

Miliary tuberculosis is often exceedingly difficult to diagnose and many cases are entirely undiagnosable. Tuberculous meningitis is probably the form of miliary tuberculosis most commonly diagnosed correctly ante mortem. The lungs may be literally stuffed with tubercles and yet be negative to a physical examination, there being no physical signs unless consolidation occurs, or a bronchitis develops, and as the process is vascular the bronchi usually escape, the toxin killing the individual before the process becomes massive. However this is a pathological paper only. In summing up, it may be said that acute miliary tuberculosis in very exceptional cases is due to the rupture of a caseating extra vascular focus into the lumen, of some vessel; but in the vast majority of instances it is due to the breaking down of a tuberculosis endangitis.

Two practical points I should like to emphasize, viz: To tap serous pleural effusions slowly, and for the surgeon to have in mind the remote danger of miliary tuberculosis in operations on tuberculous joints

I think the most satisfactory way in which to "P. M." a suspected case is to first open the abdomen and look at the spleen, and if tubercles are found under its capsule to proceed as follows:

In children remove en masse all the organs from tip of tongue to anus with pelvic organs attached, cutting close to bone along vertebrae so that the thoracic duct is not destroyed. After "doing" the bronchial glands, cut open the pulmonary veins from the heart and then the arteries. Next turn all organs face downwards and dissect out thoracic duct in lower dorsal region, follow it both ways searching for tubercles. If none are found do the veins of the spleen and adrenals. In adults you will have to remove the organs in two groups from tongue to diaphragm, and from liver to anus with pelvic organs attached. In both adults and infants it is advisable to first liberate all

the large and small guts as far as first part of rectum from mesenteric attachment and remove them.

It requires about two hours to "P. M." such a case.

Note.—The data from which this paper was prepared were furnished by laboratory notes made by Dr. Salamon, chief pathologist of London Hospital.

PROPRIETARY MEDICINES—SOME GENERAL CONSIDERATIONS.*

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PROPRIETARY MEDICINES.

A proprietary medicine is a preparation that is owned or controlled by an individual or individuals. This control is held either by a copyright or trade name, or by a patent. Proprietary preparations controlled by copyright or trade names are generally mixtures, and are often secret or semi-secret in character. It is the name of the article that protects it.

There is no objection to proprietary medicines per se, if we are to recognize the commercial rights of those who supply us with medicines. The commercializing of the literature relating to our *materia medica*, however,—which seems to be necessarily associated with proprietary interests—is against a true scientific spirit and is demoralizing, both to pharmacy and to medicine.

The ideal proprietaries are those that are made so by the manufacturers attaching their own and not a fanciful name to the preparation. For instance, Squibb's ergot is a proprietary preparation, in so far that if a physician prescribe for this preparation he will get Squibb's ergot as surely as he would if it were sold under some fanciful name. So with other articles, whether mixtures or simples, if the maker's name is attached. These are the ideal proprietaries and

* Read in part in a symposium on the Proprietary Medicine and Nostrom Evil before the Chicago Medical Society.

ought to be encouraged, for this means the encouragement of a high standard of quality.

PATENTED MEDICINES.

Patented medicines are those which are made patent or open; in consideration of the owner making known his methods of manufacture he is protected against infringement of his rights for a certain number of years.

Nearly all patented medicines are chemical compounds "made in Germany;" but, incidentally, it might be said they are not much used in Germany; at least not as much so as in this country. Theoretically, there is no objection to patented medicines; at least, they are not secret, nor is there anything mysterious about them. Practically, they have become almost as much of a nuisance as the nostrums because of their vast and ever-increasing number, and especially because the manufacturers are so extremely anxious to get physicians to prescribe them that they often stretch the truth to the breaking point in the literature describing their value as therapeutic agents.

"PATENT MEDICINES" AND PROPRIETARY MEDICINES.

Proprietary medicines, theoretically at least, may be divided into two classes: those that are sold directly to the public, and those that are put up for and advertised only to the medical profession. The former are called "patent medicines." This is an arbitrary, absurd, and meaningless term, but one that will doubtless continue to be used. The latter, those advertised to physicians, are usually called "proprietaryes." But when the Proprietary Association of America, an organization made up principally of "patent medicine" men, discusses the preparations put up by its members, it always calls them "proprietary," and there is no reason why it should not. The fact is, there is no technical difference between "patent medicines" and "proprietary medicines." But it is generally understood that the term "patent medicine" refers to those that are advertised and sold direct to the public; and "proprietary medicines" to those used by physicians. For the time being we are concerned with the latter only.

NOSTRUMS AND ETHICAL PROPRIETARIES.

Every one acknowledges that there are some proprietaries which are fraudulent, or which, for some reason or other, should not be used by physicians. Even those who most bitterly oppose the work undertaken by the Council on Pharmacy and Chemistry acknowledge that there are some proprietaries on the market that are not what they ought to be; in other words, are not "ethical." But what are they, and why are they not "ethical?" Are all of the thousands of proprietaries offered to physicians good and worthy of their patronage? If not, why not?

The fact that we use such terms as "nostrum" and "ethical proprietary" indicates that there are good and bad proprietaries. Would it not relieve the situation if we could agree on some definition of these terms. Had we a general understanding of what we mean when we say a certain medicine is a nostrum, or an ethical proprietary, we would be able to discuss matters relating to this proprietary medicine question with a better understanding than is possible under present circumstances. In fact the whole problem rests on what we mean by these two terms. We know that a nostrum is a medicine that should not be used by a physician, and that an ethical proprietary is supposed to be all right. But why?

Nostrum (noster) literally means ownership, and thus should be synonymous with proprietary; and when we get away from this original meaning we begin to flounder among arbitrary definitions. Webster defines nostrum as "a medicine, the ingredients of which are kept secret for the purpose of restricting the profits of sale to the inventor or proprietor, a quack medicine;" Dunglison as "a secret or quack medicine." The term is certainly one of reproach and is meant as a slur on the medicine to which it is applied. And it is easy to understand how this meaning of reproach came when we realize that, even in the early days, any medicine that was controlled for profit by keeping its composition secret was regarded with disapprobation. Of course, secrecy was then necessary to ownership, as it is to-day with simple mixtures. And no matter how much we may labor to give a different meaning now, our forefathers considered any

medicine a nostrum whose ownership was controlled by keeping its method of manufacture secret. This definition would be considered too narrow to-day; we must be satisfied if the ingredients and their quantity are given; the details of manufacture may be kept secret. But what proportion of proprietary medicines on the market to-day would escape coming under even this liberal definition of the word nostrum?

And what of ethical proprietaries? Are all medicines whose composition is given, including the amount of each ingredient, "ethical" proprietaries? Then Ayer's Sarsaparilla, and other patent medicines which publish their formulas, would be "ethical." And what about those proprietaries that are advertised to cure incurable diseases, and which are exploited under false and extravagant claims with the deliberate intention of misleading physicians? Are these to be classed with "ethical" proprietaries? Is there no standard by which we may judge what are and what are not "ethical proprietary medicines?"

It seems to me there must be some such standard, and I wish to submit the following propositions as a basis for a definition for such preparations:

1. There should be no secrecy or mystery connected with their composition.
2. There should be no secrecy or mystery regarding the firm which makes them or the place where they are made.
3. There should be nothing in the advertising literature concerning their therapeutic value which is untrue or misleading.
4. They should not be advertised, directly or indirectly, to the public.

I believe that no one who has any regard for the rights of physicians, for scientific medicine, or for legitimate pharmacy, will deny the correctness of the principles of the above propositions.

NO SECRECY OR MYSTERY.

I. Whatever is secret or mysterious is suspicious. This is a truism that needs no demonstration. Secrecy and mystery are the bulwarks of quacks and humbugs, and behind secrecy and mystery the "patent

medicine" sharpers hide while they swindle the public; and with them the exploiters of nostrums delude and humbug unthinking physicians. Remove the secrecy and mystery connected with these preparations, and physicians who now prescribe some of them would be ashamed to acknowledge that they had ever been so foolish.

A physician not only has the right to know what he is giving his patient, but he has no moral right to prescribe a preparation of which he does not know the exact composition. Incidentally, we are facing a rather peculiar condition; the public is demanding and we are urging that the label on all "patent medicines" shall state the actual composition; and yet some of us are prescribing and so compelling our patients to buy and take preparations about whose composition we ourselves are ignorant. We are rightly demanding that the people shall be told exactly what they are taking when they prescribe for themselves. What will a layman say when he discovers that his physician is giving him a medicine whose composition his physician does not know?

The members of the Proprietary Association of America are fully alive to this weakness of the medical profession, as is shown in the editorials appearing in various newspapers throughout the country, which are obviously dictated by the press committee of the "patent medicine" men. The following quotation from the Newburgh Daily News, March 26, may serve as an example: The article speaks of secret preparations which are sold to physicians only under high-sounding and coined names and which are prescribed by them in utter ignorance of their ingredients: "The name is intentionally puzzling and the drug may be composed of morphia, cocain, digitalis, strychnin, or any other deadly drug for all the doctor knows: Arsenauero, Dioviurnia, Ammonol, Peptenzyme, Borolyptol, Aletris Cordial, Apioline, Peacock's Bromids, Alkalithia, Urceden, Freigh's Tonic. These and many hundreds of others, including a number of coal-tar derivatives under different names, with their deadly heart depressing effects, which have been directly responsible for hundreds of sudden deaths, are blindly prescribed by the physician."

Another fact should be mentioned, incidentally also, in this con-

nection: The legislation for the protection of the public against frauds in "patent medicines" and foods, provides for the examination of these articles by experts, so that the statements of the manufacturers may be verified. Should there not also be experts to examine medicines offered to physicians and to verify the statements regarding the composition of medicines they use? Evidently not, judging from the vehement protests from certain quarters when the American Medical Association secured for this purpose the services of experts and created the Council on Pharmacy and Chemistry. It should be noted that in all proposed or enacted legislation—national or state—the medicines used by physicians are exempt from its provisions; it is presumed that physicians know enough to take care that the medicines they use are what they ought to be. A sadly mistaken presumption this, judging from the past.

It is claimed that if the owner of a proprietary medicine should divulge the exact ingredients and the amounts of each, his rights would be gone, since others would make it. In reply, let me assure you that there is hardly a nostrum put on the market whose composition can not be detected by the bright fellows connected with other manufacturing pharmaceutical houses, who, if they desire, can put up practically the same product, and this is actually done pretty generally. But it is true that if the formulas of at least 90 per cent. of the secret, or semi-secret, proprietaries on the market were made public, and if all secrecy and mystery regarding their actual composition were removed, there would be no more call for them by physicians, for there would be revealed to physicians what is known to experts who have looked into the matter, viz: that these wonderful preparations are very ordinary prescriptions which any educated pharmacist can compound. I am referring now to the thousands of articles that are foisted on our profession by what I shall refer to later as pseudo-chemical and pseudo-pharmaceutical companies; I do not include the so-called "elegant" non-secret pharmaceutical preparations, such as elixirs, syrups, tablets, capsules (especially when containing liquids), bougies, etc., that require more skill, or greater facilities, in their manufacture than is usually found in the ordinary retail drug store,

and that are made by pharmaceutical houses which employ skilled and scientific chemists and pharmacists and which have every facility for such work.

A common argument offered by the promoters of secret proprieties is that they have spent time and money in developing them and, hence, can not afford to give up their secrets. As regards this, I assert that the only expense attached to the development of ninety-nine out of every hundred of these preparations is that which has gone into bottles, labels, advertising literature, and in wages paid to smooth-tongued detail men to visit and delude the doctors. In this they have undoubtedly spent money—lots of it, and successfully. But aside from this, all the talk about the time and money invested in developing these preparations is the veriest bosh. The capital required to start Antikamnia, a combination alleged to have been suggested by a physician, and which has netted a fortune to its owners, was simply that which was necessary for advertising. The ingredients were cheap and no skill was required to mix them. Ammonol, we are told, was the result of the suggestion of a physician that carbonate of ammonia should be used in the place of caffeine to counteract the action of acetanilid on the heart; and Phenalgin, it is alleged, is simply the result of another ‘company’ branching off from the Ammonol Company with practically the same mixture under another name. The amount of time and money required to work out the acetanilid mixture, Sal Codeia-Bell, I leave to your imagination. How much knowledge, time and money do you suppose were necessary to originate Tongaline, Neurilla, Pasavena, Anasarcin, Manola, Sanmetto, Ecthol, Neurosine, Benzol Capsules, and thousands—I am not exaggerating when I say thousands—of analogous preparations? Are these anything more than ordinary simple mixtures of well-known drugs? Do they require more than ordinary pharmaceutical skill to compound them? Are they any better combinations of drugs than the average physician is prescribing every day?

RELIABILITY OF MANUFACTURERS.

2. Next to knowing what is in the combination we are using is the knowing who makes it, whether the manufacturer is competent, relia-

ble and has the necessary equipment. Ordinarily, when we buy an article of commerce, regarding the quality of which we have no confidence in our own judgment, we select a responsible, established firm, one which has a reputation, and we take the firm as a guarantee that the article will be up to the standard and one on which we may rely. Should we not do the same when we select medicines to prescribe for our patients? And yet one of the most noticeable facts connected with the nostrum business is that the vast majority of these preparations are supplied us by firms about which we know little or nothing, and which, for a better name, I designate "pseudo-chemical" or "pseudo-pharmaceutical" companies—companies which are created solely to exploit this class of medicines. These companies are not in the true sense manufacturing chemists or manufacturing pharmacists, if by these terms we mean that they are in the regular business of manufacturing the various chemical and pharmaceutical preparations. The latter have their catalogues or price-lists, which include preparations official and non-secret, called for in the regular course of such business. They have more or less complete laboratories and expert chemists and pharmacists. While some of them put out preparations of a secret and more or less doubtful character, this is a side issue with them. Some "pseudo" companies are really connected with regular manufacturing and pharmaceutical houses, through which these houses exploit doubtful preparations, that, for reasons best known to them, they are ashamed to exploit openly. But the nostrum output of all the regular manufacturing pharmaceutical and chemical houses is trifling compared with the vast number that are foisted on our profession by companies that are in no sense regular manufacturing pharmacists.

If we should get behind the scenes we should find that the personnel of most of these "pseudo" companies consists of men who have no interest in, or knowledge of, either medicine or pharmacy. Many are merely promoters who have created a fictitious "company" through which to exploit to our profession some cheap nostrum. Once in awhile the "company" will be found to consist of a doctor or a druggist, who sees in this "specialty business" easy money. Ex-advertising agents in several instances form the personnel of such "com-

panies." One "company" that I have in mind consists of a real-estate agent and a lawyer; originally it was a real-estate agent and a druggist, but the lawyer and the real-estate agent put up a job on the druggist and he was squeezed out. The preparation this "chemical company" exploits is made by a regular manufacturing firm, and the "company" does not have to attend to even the labeling or boxing of its preparation. And yet this is a "chemical" company!

Some of our "ethical proprietaries" are furnished us by the same men who, under other names, are supplying the public with "patent medicines." Certain homeopathic pharmacies are running "pseudo" companies as a side line, and exploiting nostrums to the regular profession. And, as I have stated, a few old established pharmaceutical houses and retail druggists, under anonymous names, are doing likewise.

But while there is mystery connected with the personnel of many of these pseudo-companies, there is just as much mystery connected with the place of manufacture. Some of the "companies" have their preparations made for them by regular manufacturing houses just as many "patent medicines" are made. In other instances the "laboratory" is a back room in a business block not far removed from the business office; an ordinary store room on a side street often answers the purpose.

Let me suggest, therefore, that before prescribing a preparation we not only should know what it is, but also who makes it and where it is made. If the name of the manufacturer is not known let us find out something about him. If the "company" or individual is not a legitimate manufacturing concern, but is merely putting up one or two "specialties,"—often a dignified name for nostrums—we should be suspicious. We should be very suspicious if a detail man calls on us representing a "company" which bears the same name as the product he is cajoling us to prescribe for our patients.

I am not making a plea for manufacturing pharmacists, at least so far as claiming that they are what they should be. On the contrary, I am sorry to say that too many of them are putting out "specialties" that are the veriest nostrums. Examination of some of the products of a few of the supposedly reliable houses has shown that our profes-

sion has been sadly deceived and humbugged by even such houses. But the number of regular manufacturing firms who have been practicing this deception is probably small, and the total number of nostrums or fraudulent preparations from all these houses is insignificant compared with those that emanate from the "pseudo" concerns.

The nostrum, or secret "specialty," is a side issue with legitimate manufacturing houses, and when they find that our profession is awake, they will stop this dishonorable business. While some of them will dislike to do this—for these "specialties" are very profitable—they will do so rather than have their legitimate business injured by exposure of their illegitimate. But what about those whose business consists entirely in making and exploiting nostrums? Will they give up willingly? Will they stop for fear of exposure? By no means. It is their livelihood. It is too lucrative a proposition to give up without a desperate fight. And as there are some three or four hundred of such concerns in this country, is there any wonder that this movement has met with tremendous opposition, an opposition which combined represents millions of dollars!

I want to emphasize this phase of the problem, and to declare as emphatically as I can, that the great bulk of the nostrums are put out by "companies" that are neither chemical or pharmacal, and that these "pseudo" concerns bear the same relation to legitimate pharmacy that the ignorant quack doctor bears to an educated honorable physician. And one is as great a curse to pharmacy and chemistry as the other is to medicine.

Just a word in regard to imported mixtures. There seems to be an impression among many of us that if an article is imported, it must be something good, reliable, "ethical" and above suspicion. As a matter of fact, during recent years England, France and Germany—especially the latter two—have been sending mixtures to this country—mixtures that have been made especially for the American market, at least their sale is practically limited to this country—which are on a par with the nostrums of this country. Some of these foreign preparations are foreign in name only. Others are imported in a concentrated form and diluted here, and still others are imported as put up abroad. There are so many disreputable preparations among them,

and they are advertised and exploited so often with such utter disregard for truth, that it is well to be suspicious of all. Further, while we are willing to recognize the superiority of the German chemists in certain lines, American pharmacy for a third of a century, has been leading the world—and is leading to-day. It is certainly not necessary to go abroad for our pharmaceutical mixtures; but if we do, let us be sure that they are at least as good, if not better than those made by our people.

EXAGGERATED STATEMENTS.

3. Of course, every one—including the manufacturer—will agree with the third proposition: that no untruthful claims should be made regarding the therapeutic value of medicinal articles. And yet, what a reflection on the veracity of the manufacturer, and especially on the credulity and tolerance of the physician, is the great bulk of the advertising “literature” furnished by the manufacturers of proprietary medicines. I won’t take time to illustrate, by quotations, the correctness of this statement. If any of you would criticise it, look at the “literature” that has come to your office during the past week, or at the advertising pages and “write-ups” in some of our medical journals. It is to our disgrace that we have so long put up with the foolish and extravagant claims and falsehoods of proprietary medicine men.

INDIRECT ADVERTISING TO THE PUBLIC.

4. The fourth proposition is the one to which a certain class of proprietary men most object; but to the physician it is the most important. The Council on Pharmacy and Chemistry incorporated this principle in Rule 4, which is:

Rule 4.—No article will be admitted whose label, package or circular accompanying the package contains the names of diseases, in the treatment of which the article is indicated. The therapeutic indications, properties and doses may be stated. (This rule does not apply to literature distributed solely to physicians, to advertising in medical journals, or to vaccines and antitoxins.)

It is a manufacturer’s business to sell his wares; it matters little to him who buys them. This is business. The manufacturer of drugs

is no exception to this general proposition. Consequently, we can not blame him if he tries to get the public to buy the wares he puts up—ostensibly “for physicians’ use only.” But physicians object to the advertising of medicines direct to the public—not for selfish reasons, but because their indiscriminate use by the public is more likely to be injurious than beneficial.

It is not necessary to give the reasons why the indiscriminate use and self-prescribing of medicines containing active or poisonous ingredients is detrimental to public health. Knowing the harmfulness of it, physicians emphatically object to the advertising of such medicines to the public.

Hence, few proprietary medicine manufacturers, who want physicians to use their preparations, do thus advertise. But practically all of them have been advertising indirectly to the public, until now without a protest on our part. This indirect advertising is by circulars accompanying the preparation and by labels on the bottles or containers, as well as by having the name of the preparation blown in the bottle.

Samuel Hopkins Adams charges that physicians are indirectly responsible for a large part of the “patent medicine” taking, and undoubtedly his charge is just. While the catchy name of the nostrum prescribed by the physician is partly to blame, it is the advertising matter which the layman gets with the medicines that does the work. The labels and circulars tell him of the various diseases in which the medicine is indicated. This is the kind of advertising that costs nothing; and, evidently, it is considered “ethical” advertising. But, above all, this is the advertising that pays. The patient has confidence in his doctor; his doctor, the patient reasons, has confidence in this particular medicine, and, therefore, it must be good; and if it is good for the particular trouble for which the doctor prescribed, it must be good for the other diseases indicated—and their name is usually legion—on the label and in the circular. If those of you who are in the habit of prescribing proprietaries will examine a package at your drug store—just as the patient will get it, too often, in spite of your directions to the druggist to remove the label—you will not wonder that so many of the proprietaries that have been on the market

for any length of time are bought directly by the public, in much greater quantities than on physicians' prescriptions.

The manufacturer argues that the doctor himself wants to know what a preparation is good for. I reply the doctor is not supposed to go to a drug store to learn his therapeutics. The manufacturer will see that the physician gets enough literature to keep him informed of the value of his preparation in every disease in which it is possible to use it. It is not usual for labels on official drugs and standard pharmaceuticals to contain the names of diseases in which the article should be used; neither should such indications be permitted on proprietaries. But so long as we tolerate this abuse, just so long will the manufacturers keep it up; and we can not blame them; it is business. It is a method of exploitation that costs them nothing; they get the doctor not only to prescribe their preparations, but to put their literature in the hands of the public at the same time. And this literature has another and decidedly important effect: it aids and abets the druggists in counter prescribing. Has the time not arrived for us to demand of the manufacturer that he give us a square deal in this matter? Should we not insist that this indirect method of exploitation to the public shall cease?

Let us not blame the manufacturers for this nostrum business. We, and not they, are to blame. We have been allowing ourselves to be deluded without a protest. We have accepted commercialized literature in the form of therapeutic hints without question, and have been prescribing cheap drugs under a fanciful name, for which either we or our patients pay ten times their worth, without so much as a murmur.

The nostrum evil has grown until it is a curse to our profession. The use of proprietaries has become so common that the intelligent prescribing of well-known official drugs in their simple form by many intelligent practitioners has become a lost art. The literature of the proprietaries has developed in many physicians an optimism and a contented spirit that has checked intelligent thought, independent action, and an ambition to progress. The nostrum business has cast a blight on our literature, debauched our medical journals, checked ad-

vance in scientific methods of treatment, and suborned the art of prescribing to the aggrandizement of commercial promoters.

Can we not rid our profession of at least a part of this blight?

THE SUBORDINATION OF MEDICAL JOURNALS TO PROPRIETARY INTERESTS.*

By J. H. SALISBURY, A.M., M.D.

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CHICAGO.

It would be difficult to overestimate the important influence of medical journalism on the opinion and action of the medical profession. The medical school is attended, as a rule, but once in a lifetime; the meetings of the medical society are usually infrequent, but the medical journal, like the newspaper, is an ever-present friend whose influence and advice are potent for good or evil. Whoever gains control of the medical press goes a long way toward securing a paramount influence on the entire medical profession. The control of the medical press by the proprietary medicine interests is, therefore, a matter of vital interest to every physician, and it is worth while to inquire how great and of what character this influence is.

PROPRIETARY ADVERTISEMENTS.

An extensive influence of this sort may be assumed from the fact that most medical journals are supported by advertising, and, while the necessity of this may be deplored, it is nevertheless an important fact to be reckoned with both in considering the reason for the subserviency of the medical press and in suggesting a remedy for the nostrum evil. It can be asserted as an axiom that no paper supported by advertising can pursue a policy antagonistic to the interests of its advertisers and retain their patronage which is necessary to its existence, and no paper dependent in part on advertising can escape the

* Read in a symposium on Proprietary Medicines and Nostrums before the Chicago Medical Society.

influence of its advertisers. A liquor advertisement would appear with bad grace in a prohibition paper, and it may be assumed that a journal which accepts the advertisements of proprietary preparations will observe a certain discretion in its advocacy of pharmaceutic reform, confining its denunciations to glittering generalities, firing blank cartridges, or at least directing its aim so as to be sure not to injure its friends.

That the majority of American medical journals can not in the nature of things be unfavorable to proprietary medicines is evident from an inspection of their advertising columns. Practically all medical journals carry advertisements of proprietary remedies. In one journal which is supposed to exhibit the highest ideal in the ethical conduct of medical journalism, 20 out of the 36 advertising pages were devoted to advertisements of proprietary articles; in another of high grade 9 out of 26 pages were used in the same way.

SUBSERVIENCY OF MEDICAL JOURNALS.

The extent of the subserviency of medical journals to the proprietary interests is further shown by the fact that a large proportion of medical journals have a department devoted to advertisements under the guise of reading notices, commercial news, therapeutic notes, etc. No pretense is made that these are genuine scientific articles, and it is tacitly understood that these columns are under control of the advertisers and that the articles are disguised advertisements. We note that financial advantage or necessity has compelled the paper, presumably devoted to the propagation of truth, to descend to the utterance of a commercial fiction, if we may not call it by a harsher name, and to become a silent partner to what frequently amounts to a scientific and commercial fraud.

A number of journals do worse and put such material under the heading of "Abstracts" and print so-called select original articles culled from other journals. This department is the reading notice concealed under a name which leads the reader to expect valuable summaries of medical progress and seems to put the stamp of approval of the editor on its contents.

In the next step, taken by a considerable number of journals, the

editor and his contributors exhibit themselves as the willing slave of their proprietary master, having been bought and paid for. The write-up and the apologetic editorial exhibit the lowest stage of journalistic depravity. An estimate of the extent of his evil can be gained from the statement of a recent writer that the journals subsidized by the proprietary interests comprise one-half of those published in the United States.

I went through 27 medical journals, covering the past six years, and found one preparation, viz., "peptomangan," as the subject of forty-five original articles. In addition there were six editorial indorsements of the remedy. One editor went so far as to take up arms in defense of his patrons against the aspersions of a rival firm which were likely to injure the business. In a somewhat cursory survey covering about 15 medical journals for the last 5 years, I have found about 300 so-called original articles written in praise of the various proprietary remedies, and the list is by no means complete. I think that the evidence is sufficient to show that the medical press of the country is profoundly under the influence of the proprietary interests.

It may be objected that it is only the second-class journals which publish such articles. This is not entirely true, for such articles have been repeatedly found in the columns of some of the best periodicals in the country, although it must be said that there is a marked difference between different journals in their apparent relation to the nostrum traffic. Some openly uphold it; others silently consent; while a few, but an increasing number, positively condemn it. It must be remembered that the so-called second-class journals have, individually, a considerable and, collectively, an enormous circulation.

DEGRADATION OF MEDICAL JOURNALISM.

We have next to inquire what is the character of the influence exerted on medical journalism by these nostrum vendors?

The scientific and practical value of the literature is markedly lessened. The clinical reports presented in behalf of some preparations, peptomangan for instance, make the claim and have the appearance of giving the results of careful clinical and experimental work. The sincerity of the authors of some of these articles we are not disposed

to deny, but the scientific value of their work is much impaired by its one-sided character and the lack of comparison and critical judgment. After an imposing array of blood counts, clinical histories, etc., the only fact established is that a certain set of patients recovered under the use of a preparation of iron. No comparison is made between the results obtained by the use of other forms of iron and those due to the administration of the remedy under consideration, and when such a comparison has been made, as was done by the Commission for the Study of Uncinariasis in Porto Rico, the results, not particularly favorable to peptomangan, are distorted to form the basis of the claim that the United States government authorities have endorsed a proprietary preparation.

The result of inserting such one-sided articles is to encumber the reading pages of the journal with worthless stuff and to create an uncritical habit of mind in the reader. Nothing but careless reading can be expected of the doctor who peruses such an article as "The Skin a Factor in Diagnosis" to find it an advertisement of a nostrum, or who hopes to learn something of value in regard to prophylaxis from "How to Assist Young Girls to Womanhood," but finds that the sum of the author's valuable advice is to give them peptomangan! Finding his time wasted in the careful reading of such articles, it is very natural for him to give little attention to the really valuable matter which may be interspersed between proprietary articles. What shall we say of the scientific character of a journal made up of such articles as that of W. C. Derby on the "Treatment of Chronic Gastritis?" This author tells us that he easily verified his suspicion that the patient had chronic gastritis, but does not think it necessary to tell us how he knew and gives no gastric analyses nor blood count. He does tell us, however, that he succeeded in the treatment by means of zymacin, neuclein, papain, manola tonic, bovinin and sanguiferrin! Surely, with such an equipment the Pharmacopeia may be relegated to the ash box. American medical writers have occasion to blush for some of their confreres.

The journal which is ready to sell its columns to the nostrum vendor can not be relied on to give the best editorial advice or to take a firm stand on the right side where the interests of the public or of its

subscribers are opposed to the interests of the proprietary manufacturers. The editor of such a publication can not be a worthy leader of medical thought. And he may expect to find his paper quoted to support sentiments that he never uttered. In a pamphlet published by the promoters of peptomangan various journals are quoted as sustaining the superiority of the peptomangan as shown in the Porto Rico trials. In reference to the journal quoted, it is found that the enterprising manufacturer has simply quoted his own advertisement attributing its statements to the journal as if it were an editorial utterance!

The journals by giving their space to extravagant statements regarding the effects of such remedies are fostering blind reliance on drugs and delaying the advance of truly rational therapeutics.

WHAT IS THE REMEDY?

What remedy can be proposed for this state of things? Can we demand that medical journals shall exclude advertisements of proprietaries altogether? This would probably be too rigid a rule, but some regulation might be adopted as to the form of advertisements and the character of the remedies which should be admitted to the advertising columns. If the consensus of opinion of the medical profession could be crystallized into some definite requirements in regard to the advertisements that should be admitted to the pages of a reputable medical journal, we might have some criterion by which we could determine whether a journal is worthy of our patronage.

If, instead of inserting in his reading columns concealed advertisements of proprietary remedies, the space were devoted to lessons on pharmacy and chemistry, the editor might educate his readers to a point where they could rationally decide on the true value of the novelties proposed for their use without making disastrous experiments on their patients. The editor who fails to protect his readers against concealed frauds, which is the only proper characterization for many of these "write-ups," is false to the trust reposed in him by the medical public.

Society Reports.

Clinical Society of the New York Polyclinic Medical School and Hospital.

Stated Meeting held April 2, 1908

The President, Dr. J. J. MacPhee in the Chair.

INTESTINAL DEPRESSOR.

This instrument was presented by Dr. J. E. Fuld, who devised it for the purpose of depressing the intestines to prevent them from extruding into the abdominal wound and interfering with the operator. Gauze pads are usually inserted to overcome this difficulty. The instrument has proved of value in pushing aside not only the intestines, but the other abdominal contents as well, thus affording the operator a full view of the areas to be inspected.

The instrument is of polished steel, and shaped something like the ordinary glass tongue depressor, being 8 inches long, 1 1-2 inches wide at one end and 3-4 of an inch wide at the other.

TUBERCULOSIS OF THE CARPUS.

This patient was presented by Dr. V. C. Pederson. She was a young woman who had suffered from tuberculosis of the wrist for many years. Several years ago a palmar operation was performed in a small town up the State, but there are no evidences that tuberculosis ever existed in the hand. Two years ago the wrist was operated on, a median incision being made, and a year ago two lateral incisions were made. The wrist is now free from pain, and except for the ankylosis of the joints which followed the first operation, there is no difficulty in using the wrist.

In dealing with tuberculosis of the wrist, the speaker said that an operator often forgets the diverticulum of synovial tissue which passes upward between the radius and the ulna. At the last operation performed upon this patient, it was at this point that the first foci of tuberculosis was found. The largest synovial pouch passes forward between the surfaces of the metacarpal bones, and here was found the second foci. Both foci were removed and the patient recovered. As a matter of precaution, she is wearing a metal splint while performing her household duties. The ankylosis

of the fingers is the result of the operation performed four years ago, and nothing seems to correct it.

GUMMA OF THE FRONTAL BONE.

Dr. Pedersen also presented this patient. He first saw the man last summer, eight weeks after he had received a violent blow on the head. At that time there was a tumor, which was supposed to be an adenoma, partly chancroidal, partly syphilitic. It travelled down under the skin, down into the fatty tissue, eating out large masses of the tissue, and finally was stopped by bromidia water. Soon after the lesion on the head broke and took on the characteristics of a specific lesion and was dressed surgically. There seemed to be a fissure in the skull, which had been previously treated, and exfoliation of the bone took place. There was no temperature except that which would naturally accompany anemia. At one time the lesion was thought to be tubercular, but recovery under specific treatment seemed to confirm the diagnosis of gumma with profound anemia.

The next patient, also presented by Dr. Pedersen, came to the House of Relief two weeks previously, having been discharged from one of the city hospitals. The nails and the tissue surrounding them showed evidence of great destruction on the left foot, and there was a great deal of pus. The interesting question was whether to apply blue ointment or a wet dressing. The patient's conditions of life made it impossible for him to obtain any benefit from a wet dressing, so blue ointment was used, with beneficial results. The foot presented an appearance very similar to nephritis, but the other foot is not at all swollen.

VARICOSE VEINS.

Dr. Alexander Lyle presented a patient, 48 years of age, who had had scarlet fever and whooping cough as a child, and typhoid fever when 28 years of age. He was a heavy smoker and beer drinker. Present trouble dates back 20 years to swelling of the ankles. The veins of the right leg ulcerated several years ago, and a diagnosis of varicose veins was made. The ulcers are very large in both legs, but cause the patient no discomfort. The speaker concluded that at the time of the typhoid a thrombus had formed in the injured vena cava, and the superficial veins had taken up the circulation. No abdominal tumor can be located, and the veins all originate above the brim of the pelvis.

NEPHRECTOMY.

Dr. F. C. Yoeman reported this case. The patient, aged 56, had been a

heavy consumer of alcohol. About seven months previous to operation he was seized with a severe pain in the right groin, shooting downward to the groin and corona glandis, and the next day passed blood clots in his urine, but never passed any gravel to his knowledge. During the next three months he had attacks resembling renal colic at intervals of from two to five weeks, passing clots but no stone. During the past two months he had suffered severe intermittent pain during the night, beginning at the hypochondrium and extending over to the mid line; also intermittent pain referred to the knees, more marked on the right side. The urine of late has been free from albumin and never showed any crystals.

The patient's strength gradually diminished and he lost about 45 pounds in weight. No tumor could be felt seven months ago, but during the past three months a mass gradually increasing in size has occupied the right hypochondrium. Patient would not permit cystoscopy.

He was admitted to the Polyclinic Hospital February 15th, demanding operation for the relief of intolerable pain, although he had refused all previous suggestions of surgical interference.

His lungs, on physical examination, were found to be normal; heart-sounds soft, no murmur; radials moderately thickened. The abdomen was relaxed and the upper limit of liver dulness diminished one intercostal space. The right hypochondrium showed a tumor ovoid below, descending on deep inspiration to a position opposite the umbilicus. On pressure it took the position occupied by the normal kidney. Blood examination showed a white count of 8,000, hemoglobin, 100 per cent.

A right nephrectomy was done of February 20th. The operation was difficult, as the kidney was about three times the normal size, covered with a network of veins, and adherent on all sides. Wound was closed, except for cigarette drains at angles. The time of operation was 1 1-2 hours, and the patient rallied fairly well; but the following two days there was almost total suppression of urine, only 2 ounces being secreted. Thereafter his condition improved, and he secreted about the same amount and character of urine as before the operation; but at the end of a week he began to fail, and died on the eighth day. Autopsy was refused, and thus the opportunity of discovering if metastases had occurred was lost.

A cursory review of the reported cases of hypernephroma warrants the following tentative conclusions: Metastases is the rule, especially to the liver, lungs and bones. These tumors have a tendency to spread and involve veins, but not lymphatics. The renal brim is usually involved, and sometimes the cava, but does not obstruct sufficiently to cause edema of

the extremities. In a few cases the growth long remains local and can be successfully removed. Clinically, the symptoms that may be of diagnostic value is bleeding and its results. Tumor and pain are present as in several other renal affections. Periodical attacks of hemorrhage, with frequency of micturition, often with passage of clots seem characteristic. These clots sometimes block the ureter, cause diminished urine, and the pain is referred to the corona glandis. Between the attacks of bleeding there is fairly constant pain in the back. A fresh hemorrhage relieves the pain, thus contrasting with pain and bleeding connected with the passage of stone.

PATHOLOGIC SPECIMENS.

Professor J. H. Larkin, of Columbia University, presented some pathological specimens of great interest and gave the history of each, insofar as he was able to obtain it. The first were of diseased appendages, a field of surgical research which is becoming more and more important. Until a few years ago it was supposed that lesions of the pancreas, as found at post-mortem examinations, were fairly well understood, but little was known of the etiological significance; but now pathologists are able to show the causative factor. Its close relationship to cholelithiasis and other diseases of the intestinal tract has been understood for some time. The clinical histories in these cases are very similar. There is usually a severe onset of gastric pain that at times is almost diagnostic to the surgeon of appendicitis or intestinal obstruction and many patients have been operated on for one or the other of these conditions. In the majority of cases, stone in the ampulla duct has been a very common factor.

The specimen presented was mounted so as to preserve its normal color. On the right side was a portion of the duct and on the left a portion of the pancreas. It is presumed that one or more stones had been passed in this case, because of the immense dilatation of the common duct. The lesion is easily explained, and experiments have reproduced exactly the same condition. The stone passes down into the common duct and is impacted at Bardes' ampulla, and this leaves a continuous passage from the common duct to the ampulla, and the bile, instead of going down, is sidetracked and goes directly into the pancreas, and this produces hemorrhagic pancreatitis. This can be reproduced by putting bile into the pancreatic duct, or a solution of hydrochloric acid will, produce the same result.

The next specimen presented also showed the connection of the pancreas with the duct, and also showed the gall-bladder with an immense amount of stone. Several interesting brain specimens were presented, but no clinical histories could be obtained. One specimen had been taken from a patient who had been under observation for some time, and a diagnosis of cerebral abscess had been made. The specimen showed one side of the brain, with the cerebellum and 1 cc. of hemorrhagic blood which had been removed at time of operation.

Riverton, Ala., May 8, 1906.

Dr. J. M. Mason,
Birmingham, Ala.

My Dear Doctor: By authority vested in me as President M. A. S. A. I hereby appoint you a member of the committee to confer with governing bodies of the various religious organizations in regard to advertising patent medicines and nostrums.

Your colleagues on this committee are Dr. H. S. Ward, Chairman, and Dr. B. L. Wyman, both of Birmingham. I suggest an early meeting of the committee in view of the fact that the General Conference of the Methodist Episcopal Church, South, is now in session in your city. With high regard,

Sincerely yours,

Geo. T. McWhorter,
President Medical Association State of Alabama.

"THE CHUNNENUGEE" DR. SEALE HARRIS' PRIVATE SANATORIUM

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It is the rational treatment in Gastric and Intestinal Disorders, such as Dyspepsia, Gastritis, Gastric Ulcer and all Contagious and Inflammatory Diseases of the Stomach and Intestines.

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THE PURDUE FREDERICK CO., 298 Broadway, N. Y.

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The Journal will be mailed on or about the 15th of the Month. Subscribers failing to receive it promptly will please notify us at once.

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THE ALABAMA MEDICAL JOURNAL, Birmingham, Ala.

DR KETCHUM DEAD.

Dr. George A. Ketchum, dean of the faculty and one of the organizers of the Medical College of Alabama and principal of the Health Board for many years, died in Mobile May 29th at the age of 81 years. He took part in campaigns against yellow fever at various points in the South from 1848 and in that year instituted the practice of giving large doses of quinine in the early stages of the fever now general. He practiced in Mobile sixty years and was one of the best physicians in the United States.

THE COMMENCEMENT OF THE BIRMINGHAM MEDICAL COLLEGE.

The twelfth annual commencement of the Birmingham Medical College and College of Pharmacy was held in the Jefferson Theatre on March 29th in the presence of a large and cultivated audience composed of the friends of the institution.

The annual address to the graduating class was delivered by Rev. F. P. Culver of the Eleventh Avenue Methodist Church of this city. He chose as his subject, "The Power of Thought," and for an hour delivered one of the most scholarly and beautiful addresses which it has ever been the good fortune of the writer to hear.

The degrees were conferred by the Dean, Dr. B. L. Wyman, who delivered the charge to the class in a few well chosen words. His address was replete with wholesome truths and much timely advice and at the same time was full of encouragement to the young men who were just beginning their professional careers. He referred to the recent loss which the college had sustained in the death of the secretary, Dr. J. C. LeGrande, and paid a beautiful tribute to his memory.

The following gentlemen composed the graduating classes:

Doctors of Medicine—J. H. Blackwell, J. T. Burch, Edgar Collins, E. P. Dunlap, R. E. Lee, W. M. Peters, D. W. Ward and A. A. York.

Graduates in Pharmacy—R. P. Endsley, G. M. Fields, A. L. Glenn, J. T. Goodwin, W. B. Rowe and S. N. Lathem, M. D.

The occasion marked the close of the most successful year in the history of the institution and as explained by the Dean that while the graduating class was smaller than usual the attendance was fully up to the average of previous years. The Dean stated that it had always been the policy of the college to maintain a high standard for graduation and this accounted in a large measure for the small number composing this graduating class. The graduates in pharmacy were the first to complete this course, as this department had just closed the second year since its inauguration.

COUNTER PRESCRIBING.

There is a form of evil that we doctors are familiar enough with which we should begin to make some effort to remedy. We refer to the popular and general habit of counter prescribing. That this is, strictly speaking, an evil, we do not consider difficult of proof.

With all due respect for the intelligence and mental attainments of our prescriptionists, with all due respect for their theoretical knowledge of the action and uses of drugs, it is still an absurdity to suppose that they can intelligently prescribe, knowing nothing of physical diagnosis, and knowing nothing save the superficialities of the symptoms of diseases.

Let us grant that the most of this prescribing is to the more or less well and is, therefore, more or less harmless, there still remains another phase where active wrong is committed.

Let us illustrate: A few weeks ago we were sent for to see a child. The case proved to be a well marked attack of diphtheria. The father had on the previous day described intelligently, of course, the symptoms of the child's illness to his druggist. The result was a bottle of medicine and the father's fears allayed. Fortunately in this instance the father proved unusually apprehensive,—and the antoxin did not come too late.

But how often has the druggist's bottle quieted the uneasy parents and postponed any further efforts till all the fighting time is behind!

We do not believe that this element in counter prescribing has been considered by the prescriptionist, for we cannot believe that there is anything which would induce these careful men to lessen the chances of recovery for the meanest of mortals. But this is no fancied element nor an imagined condition, and our friends the druggists should be enlightened as to it.

For the average mortal the known responsibilities are heavy enough in all conscience, and for any man or class of men to assume unknown responsibilities under unknown conditions it seems would be the height of absurdity. And yet the prescriptionist does this in his prescribing.

We are leaving out of this all mention of the fact that the drug-

gist's legitimate means of support is derived from the compounding and sale of drugs—the doctor, his attendance on the sick.

THE STATE MEDICAL ASSOCIATION.

The annual meeting of the Medical Association of the State of Alabama, which convened in this city on April 17th to 20th, was a notable one in many respects. In the first place it was marked by the largest attendance in the history of the Association, the total registration during the meeting being four hundred and twenty odd.

In addition to the large number of prominent physicians from all parts of the state, there was in attendance a number of distinguished physicians from other states who were the honored guests of the Association and who contributed very largely to the success of the meeting from a scientific standpoint. Among them may be mentioned the well known and able neurologist, Dr. Joseph Collins, of New York City, who delivered the Jerome Cochrane lecture and who completely captivated the Association by his masterly address. He chose as his subject "Arterial sclerosis and its relation to disorders of the nervous system and to disturbance of its functions." This address was one of the most scientific and scholarly papers which has ever been read before the Association. Dr. Collins' large experience and observation covering a close study of a large number of cases of organic disease of the brain and spinal cord resulting from arterial degeneration, rendered the discussion of the subject very interesting and instructive.

What impressed the writer perhaps more than any feature of the paper was the clear description of the symptom complex which attends this class of cases. His very lucid discussion of this part of his subject threw a flood of light upon the symptomatology of arterial sclerosis as it affects the brain and spinal cord, a subject which heretofore has been shrouded in more or less darkness. His discussion of the etiology of arterial degeneration together with its relation to blood pressure was also exceedingly interesting. We wish we had the space to give an outline of this valuable contribution.

After the reading of the paper Dr. Collins was tendered a rising vote of thanks by the Association.

There was also present at the meeting one of America's great surgeons, Dr. Wm. J. Mayo, of Rochester, Minnesota, who in a masterly manner discussed the present status of stomach surgery. The subject was a very timely one as it is attracting at this time the attention of the profession throughout the civilized world, and no one is more competent to speak authoritatively upon it than Dr. Mayo, to whom the profession is indebted for much of the marvelous progress which has been made recently in this department of surgery. It is unnecessary to say that the Association was greatly indebted to Dr. Mayo for his presence and for his valuable paper which added so much to the success of the meeting. Among other distinguished physicians from other states mention should be made of Dr. Holden, of Colorado, who read a very interesting and practical paper upon tuberculosis, and of Dr. Wm. A. Pusey, of Chicago, on the status of the x-rays as a therapeutic agent in cancer and other diseases.

The regular reports and volunteer papers were all of a high order and showed careful preparation and much original work. The meeting viewed from a scientific standpoint was eminently successful and will long be remembered by those who had the good fortune to be present.

Referring to the business side of the Association it was anticipated that there would be vigorous opposition to the adoption of certain sections of the new constitution. Those who desired changes were largely in the minority and the opposition amounted to very little. The old guard held the fort and came out as usual victorious. The session on the last day was somewhat stormy owing to the adverse report of the Board of Censors upon certain recommendations made by the president in his annual message.

We have not the space nor the inclination to enter into a full discussion of the merits of the several questions involved. Suffice it to say that the recommendations of the president were revolutionary in character, involving radical changes in the charter and organic law of the Association. The Board could not see its way clear to favor the adoption of any of the president's recommendations affecting the life of the Association, and this action of the Board was sustained by a large majority vote.

In discussing the question of the abolition of the County Boards of Medical Examiners, the Board did admit that the time had come when this might be advisable. It was thought best, however, not to take any definite action, but leave the matter in the hands of the State Board until the next meeting of the legislature, when if deemed expedient at that time an effort be made to have the law changed. The Board of Censors did not agree with the President in his recommendation to increase the number of delegates from the county societies in proportion to their numerical strength for the reason that the adoption of such a recommendation would be a violation of the charter and constitution of the Association.

The new constitution submitted at the last meeting of the Association was taken up section by section and adopted practically with no opposition. There was one clause in section 9, article 40 relating to the duties of the President, which elicited a very animated discussion. The article reads as follows: "He shall in the interval between the annual sessions direct and control the general policy and business of the Association, but always in accordance with the constitution precedents and usages of the Association and also with due regard to the opinion and advice of the Board of Censors and of the State Health Officer." It was the latter clause to which some objection was raised on the ground that it delegated too much authority to the Board of Censors and State Health Officer—authority which should be vested entirely with the President. There were some who thought the clause was mandatory in character. If the writer understands the English language correctly the clause with due regard to the opinion and advice of the Board of Censors and State Health Officer simply means that in matters of great importance the President shall simply confer and seek the advice of the Board before taking any definite action and that due regard given to the opinion of the Board. It occurs to the writer that while in a certain sense this clause is mandatory we do not believe it was intended to curtail the authority of the President, but rather to aid him in deciding important questions which sometimes arise. It is a very useful and necessary provision on account of the fact that the President is in office only one year and is not always qualified to decide questions of grave impor-

tance which come up without the advice and opinion of the men who have long been in the service of the Association and who are really more competent to decide the policy which should be adopted in a given contingency. We must confess we can not see why a president should object to seeking advice and by so doing in what way he sacrifices his self-respect or official dignity. The article was finally adopted.

The social side of the meeting was a great success barring the luncheon at the Country Club where adequate provision had been ordered by the local committee on entertainment, but where the caterer at the club failed to carry out his part of the contract in providing sufficient refreshments for the large number who attended. However we believe all had something to eat and drink, and the entertainment by local talent in the ball room after the luncheon was greatly enjoyed.

The Association also enjoyed the hospitality of the Birmingham Medical College, where a luncheon was given at the college building. This was an informal occasion, was largely attended and was enjoyed by all. The reception at the Hotel Hillman was the most enjoyable social feature of the meeting. The local committee had provided for five hundred guests. A large number of the wives and lady friends of the doctors graced the occasion by their presence, and with music, dancing, delicious refreshments and the smiles of fair women the moments passed swiftly. The occasion was one long to be remembered. Birmingham is always delighted to have the Association meet here and extend it a cordial invitation to come again.

TO THE GENERAL CONFERENCE OF THE METHODIST EPISCOPAL CHURCH, SOUTH:

The undersigned committee, acting under appointment of the President of the Medical Association of the State of Alabama, beg leave to submit for your consideration the following resolution, which was adopted by the said Association at its annual meeting in Birmingham, Ala. April 17-20, 1906:

"Whereas, The insertion in religious papers of advertisements of patent and proprietary medicines, secret nostrums, and fraudulent devices tends to create the impression that such medicines, nostrums, and devices are endors-

ed either actively or passively by the respective church authorities of which such papers are the organs, therefore be it

"Resolved, That the President of the Medical Association of the State of Alabama appoint a committee of three to memorialize the governing authorities of the several religious denominations on the subject of advertising patent and proprietary medicines, nostrums, and fraudulent devices, and point out to them the manifold and serious evils that flow from the appearance of such advertisements in papers that are regarded as fountains of truth and righteousness."

In furthering the purpose of this resolution, we call your attention briefly to the following:

The medical profession has at all times warned the public against the fraud and deception contained in many of the advertisements above alluded to.

It has further called attention to the danger of the indiscriminate use of even the least objectionable of this class of medicines, on the grounds that a knowledge of the diseased condition present in a given case is the fundamental necessity before any medicine should be prescribed or taken, and that to intelligently prescribe any medicine, one must know its constituents before he will be able to determine whether or not the use of the medicine is indicated.

By advertising any of the patent and proprietary medicines to the laity, the tendency is to cause the public to treat themselves for unknown diseases with medicines of unknown constituency, potency and effect.

The result of this is, that many medicines so purchased and used are unnecessarily taken, others are positively contra-indicated, and still others do serious bodily harm.

For the large number of other remedies, such as the rupture cures, consumption cures, cancer cures and the like, no words of censure can be too strong. Such advertisers prey upon a class of chronic and often incurable sufferers, and have no object in view but their own enrichment. Their victims are often poor and suffer for the very necessities of life, but are still beguiled into the purchase of worthless medicines which they cannot afford and would not attempt, perhaps, but for the fact that they are advertised, and to their minds endorsed, by some paper in which they have confidence.

For another class of advertisements which have appeared in church papers within our knowledge, the evident purpose of which is immoral, we do not find words to express our contempt.

The fight against the evils referred to has not been confined to the medical profession. Many of the higher class of secular papers have refused to accept any advertisements of patent or proprietary medicines.

Other periodicals well known to you, have waged a fearless war of exposure against their deceptions and frauds. A pure food and drug bill is now before Congress, and is being vigorously fought by the Association of manufacturers of proprietary medicines.

To the religious press we should look for leadership in matters of sincerity, honesty, and reform; but we find their advertising pages are given over to the exploiting of every sort of fraudulent and deceptive medical advertisement.

We understand that this General Conference has charge only of the publications of the Southern Methodist Publishing House, and we are pleased to state that the publications of this House contain very few medicine advertisements. We note, however, that so far as we have been able to observe, all of their publications, with the single exception of the Methodist Quarterly Review, contains some such advertisements.

The conditions found in the Conference organs are entirely different. A perusal of the advertising pages of many of these will bring a blush to the cheek of any one of you.

We appeal to you first, as church members who know that you weaken the cause of Christianity in the eyes of intelligent non-church-members by aiding and abetting such dishonesty and deception; second, as citizens who charge these publications with deliberately deceiving their subscribers by putting themselves in the position of endorsers of the frauds which they advertise; third, as physicians who see the harm which these remedies produce, and who look to you for help in educating the public along lines which will lift them up physically, morally, and intellectually.

If your honorable body has control over the publications of the Southern Methodist Publishing House, we ask you to close its publications to the advertisers of medicines. The "Ladies' Home Journal," "Collier's Weekly," "Everybody's Magazine," and other secular papers have done this and are still entered in the post office as second-class matter.

If you have no legal control over the various Conference organs, we would respectfully ask that you take such steps as, in your judgment, would be most effective in correcting the evils to which we have referred.

Respectfully submitted,

H. S. Ward, M. D., Chairman,

B. L. Wyman, M. D.,

J. M. Mason, M. D.,

Committee from the Medical Association of the State of Alabama.
Birmingham, Ala., May 10, 1906.

PREAMBLE AND RESOLUTION.

Whereas, The insertion in religious papers of advertisements of patent and proprietary medicines, secret nostrums, and fraudulent devices tends to create the impression that such medicines, nostrums, and devices are endorsed either actively or passively by the respective church authorities of which such papers are the organs therefore be it

Resolved, That the President of the Medical Association of the State of Alabama appoint a committee of three to memorialize the governing authorities of the several religious denominations on the subject of advertising patent and proprietary medicines, nostrums, and fraudulent devices, and to point out to them the manifold and serious evils that flow from the appearance of such advertisements in papers that are regarded as fountains of truth and righteousness.

Adopted by the Medical Association of the State of Alabama April 20, 1906.
W. H. Sanders, Chairman Board Censors.



Typhoid stools and sick-chambers are successfully disinfected by the use of PHÉNOL SODIQUE.

PHÉNOL SODIQUE quickly heals and prevents suppuration in cuts, burns and sores.

PHÉNOL SODIQUE is successfully employed as an intestinal antiseptic; a few drops well diluted.

Sample and literature upon request.

Mention This Journal.

Hance Brothers & White
Pharmaceutical Chemists
Philadelphia

ENTERO-COLITIS.

By O. W. Cobb, M. D., Easthampton, Mass.

I was called last August to see an eight months' old boy who was to be dying of cholera infantum. He had been treated by two capable men, both of whom agreed that the child could not possibly outlive the day. Every conventional remedy had been tried and the favorite methods of both men had been exhausted. They frankly admitted that all had been done that could be done. I found the patient almost moribund and displaying all the symptoms of a child dying of what I diagnosed as entero-colitis. The symptoms, to my mind, were classic, despite the previous diagnosis. The case was turned over to me at 8 a. m., August 7th. A trained nurse was already on this case. She is an unusually competent woman, in whom I have the most implicit confidence. Then began one of the hardest battles of some years in my practice. I ordered high enemas of glyco-thymoline in 25 per cent. solution and warm. Used four ounces at a time with a soft rubber catheter once every three hours. The child could retain nothing, was in frightful pain and passing constantly thin foul smelling discharge tinged with blood. The child was emaciated to the last degree and for several days before I was called had been in a semi-conscious state. The poor little baby was a pitiful sight. For nourishment I ordered several combinations to be administered, an ounce at a time, as a rectal clyster following the anemas of glyco-thymoline.

I know it is not good practice to give hypodermics to an infant, but this was a grave case. My predecessor had ordered gr. 1-64 morphine, gr. 1-960 atropin, sub. q. every four hours if needed, with strychnine 1-240 gr. if necessary. I continued this as the baby was often in intense pain and there seemed to be no other way. This was my plan of campaign and I am both thankful and pleased that it was successful. The baby improved from the first, but so slowly that it was scarcely discernible to the parents, but the nurse and myself saw it. After three days the child could take some nourishment per oram. I then gave 2 m. glyco-thymoline in one ounce of water every two hours before feeding. It began to have short periods of natural rest and the discharges were in every way improved. At the end of a week, August 14th, the improvement was quite marked, but we did not relax our vigilance. The hypodermics, except of strychnine, were discontinued. The enemas were continued fifteen days, once every three hours, then at less frequent intervals for a month, then once a day for six weeks. The recovery of the little patient was long and slow, but uneventful. The mother

and nurse were devoted and ably seconded my efforts. At this time the baby is a strong rosy youngster.

It gives me great pleasure to tell you of this case. The experience may be of value and it certainly proves to my satisfaction, at least, the potential possibilities of glyco-thymoline in gastro-intestinal work. May you be speeded in your good work.

INTRAMUSCULAR INJECTIONS OF CYPRIDOL IN TERTIARY SYPHILIS.

I found these injections particularly useful in the case of a woman presenting an ulceration on the posterior wall of the larynx. The ulcer was the size of a twenty-five cent piece. It was deeply excavated and in a sloughy condition. The lesion was first treated with ordinary internal antisyphilitic remedies and kept as aseptic as possible.

Nothing, however, was accomplished by these measures either subjectively or objectively, neither was the patient improved by large doses of iodides. As the response to internal medication was negative, I feared that the lesion was tubercular, but I decided to try the intra-muscular injections of cypridol, nevertheless. Within twenty-four hours after the first injection, the patient noticed a decided difference in her subjective symptoms. The pain and discomfort in the throat was markedly ameliorated and within forty-eight hours, the pain caused by the act of swallowing entirely disappeared.

The ulcer then began to heal rapidly and after ten injections of this oily solution of biniodide of mercury (cypridol), the lesion entirely healed over. —"La Tribune Medicale," July, 1905.

HYDROZONE AND GLYCOZONE.

In the Lancet (Nov. 19, 1904), we note the report of an important lecture on abdominal surgery, by Dr. Frederick Holme Wiggin, of New York, in which marked notice is taken of two preparations employed by him for treating the wounds—viz., hydrozone and glycozone.

We have since become convinced, from our own investigations, that these two agents are not only remarkable allies of the surgeon, but products which can be made of the highest possible value in domestic medicine. Though the use of both are very wide, we will confine our remarks here mainly to hydrozone. This is an exceptionally strong solution of hydrogen peroxide (30 vols.), free from barium salts and superfluous acids. This latter feature is very important; for, it is the presence of these salts, combined

with excessive acidity and limited strength that has diminished the value of the peroxides hitherto commercially produced.

The powerful oxidizing effect of peroxide of hydrogen upon organic substance is recognized by medical authorities throughout the world; but, to test for ourselves the claims of hydrozone as an antiseptic, we made a series of germicidal experiments.

The organism, known as *bacillus coli communis*, was employed as being one of wide-spread occurrence, and one which is always present in sewage. A vigorous culture of this was grown in broth, and equal volumes of it were exposed to the action of (1) phenol solution (1 in 80); (2) undiluted hydrozone; (3) equal volumes of hydrozone and water; (4) one part of hydrozone mixed with three of water. The action was allowed to continue for two minutes, when a sub-culture was made from each mixture. At the expiration of five minutes, another sub-culture was made; and a third was made at the expiration of ten minutes. These sub-cultures were then incubated at 20° C (68° F), and were examined at the end of 48 hours. Those cases in which the organism showed signs of growth are marked by an * in the following table; those in which no growth was observed are indicated by a dagger.

It is obvious from the foregoing table that hydrozone is a great deal more powerful in its action on the organism employed, than is 1 in 80 carbolic. It was also shown that glycozone (undiluted) is about equal to 1 in 80 carbolic.

These experiments fully confirm the claims made for hydrozone and, also, indicate one of the causes that render it so effective a cure for a wide range of maladies. It is not only an antiseptic, but it is an entirely innocuous one; for, while it is capable of destroying pathogenic germs, it is quite harmless to healthy tissue. This, of course, cannot be said of carbolic.

The healing action of hydrozone is obvious to the unaided eye, for when it is applied to a diseased surface, it may be seen stimulating healthy granulations and gradually building up the tissues. We have seen its effect on a large number of lesions which cannot be enumerated here. It acts as ozone does; and, like nascent oxygen itself, when applied to a wound it increases the circulation and acts as a stimulant. Immediately the liquid is applied to an open wound, an effervescence commences and the wounded tissue can actually be seen uniting by a process of granulation, the healthy tissue proliferation being extremely rapid. The cessation of the effervescence indicates the destroyal of the pus.

This, however, is only one of its uses, for the internal administration of hydrozone has long been recommended. In infectious diseases and in diph-

theria there can be few things to equal it, owing to the property it possesses, as shown by our experiments, of destroying low organisms. The range of diseases for which it is recommended is wide. It covers diseases of the nose, throat and chest; diseases of the genitourinary organs; inflammatory and contagious diseases of the alimentary canal; skin diseases; diseases of the ear and the eye; and many dental conditions.

Glycozone may be regarded as an adjunct to hydrozone. Its effect is slower; but, as a dressing, after hydrozone has been applied, it acts most efficiently, continuing the work commenced by hydrozone. Sometimes hydrozone, taken internally, causes slight nausea, then it is well to commence with the milder glycozone.

We have watched the effect of these remedies, particularly in open sores, diseases of the nose and throat, and ulceration of the stomach; and, from the remarkable results we have seen achieved, we are satisfied that the general claims advanced—vouched for as they are, by the widest medical authority, are not by any means excessive. To Professor Marchand we award the Science Siftings' Certificate of Merit.—Abstract of Editorial from Science Siftings, London, Eng., April 8, 1905.

The faculty of Creighton Medical College, Omaha, is sued by a student who claims \$50,000 damages on account of having been completely and permanently disabled as a result of hazing. He was dragged from his room by sophomores who said that they intended to throw him into a ventilating shaft. He resisted violently, and in the fight received a kick which injured his spine so that he has been obliged to go on crutches ever since.

SANMETTO IN IRRITABLE CONDITIONS OF THE URINARY TRACT, ALSO IN GONORRHEA AND GLEET.

Some months ago I gave Sanmetto a trial, since which time I have been a very warm admirer of it, as I find it exactly what it is claimed to be. It acts finely in irritable conditions of the urinary tract, and also in gonorrhea and gleet. I do honestly wish physicians not acquainted with Sanmetto would give it a fair trial.

Memphis, Tenn.

H. L. Holms, M. D.

PARAGRAPHIC DIGEST: EXCERPTS FROM THE AMERICAN
JOURNAL OF CLINICAL MEDICINE, APRIL, 1906.

A cloud of witnesses testify to the incomparable superiority of the active principles over the galenics, yet habit is so strong that many physicians continue to use the extracts and tinctures.

The greatest names in pharmacy are quoted to prove this assertion—Murrell, Diehl, Oldberg-Wall, Remington, Thompson and Hare.—W. C. Abbott, in American Journal of Clinical Medicine.

The man who would give us a remedy that would prevent or cure any one of the present so-called incurable diseases, though he did not know a pathogenic microbe from a pug dog, would benefit mankind infinitely more than a dozen scientific diagnosticians and therapeutic nihilists.

Consistency: We like to hear people speak out bravely with the courage of their convictions. Even though they may be wrong, it is yet better that they speak bravely, for only by such free speech can the truth come to be known. There is nothing to be expected from the coward and the liar.

Let us then applaud the consistency of these gentlemen by noting that they have publicly announced their refusal to attend cases of pneumonia, on the ground that they "know of no means by which they can favorably influence the course or termination of this disease." Then we shall at least have clear grounds.—American Journal of Clinical Medicine.

The advance in our profession has been marked by more triumphs and greater victories than in any other department of human endeavor. In surgery especially results have been so near the miraculous that it is scarcely blasphemous to say that "the marvels of laparotomy are more wonderful and infinitely more serviceable to mankind than the miracles of medieval times."

Salisbury suggests that drugs be given to be absorbed from the mucous membrane of the mouth, for which the simple alkaloid is better fitted than cruder forms. The intercepting action of the liver is thus avoided and smaller doses will accomplish the desired results. Digestion will not be injured and nausea produced. The paper closes with some remarks on untoward effects of some drugs upon the stomach, and circumstances delaying absorption.

Diphtheria: Freely admitting the benefits derivable from antitoxin during the first four days of the attack, and also that by the use of larger doses we may perhaps save life after this period, there is nothing but intolerance in the wholesale condemnation of all other remedial measures. Any physician who has eyes in his head and a nose in normal functional activity—can assure himself of the great benefits derivable from local antiseptics in advanced diphtheria of the nasal and contiguous passage; and the powers of calcium sulphide, strychnine and nuclein are so great that no one but a one-ideaed fanatic refuse to avail himself of them.—American Journal of Clinical Medicine.

Burdick (American Journal of Clinical Medicine) says that in treating stomach troubles the physician should first attempt to answer the following questions: (1) Might the symptoms be caused by any trouble exterior to the stomach and if so, what? (2) Is the stomach normal as to size and location? (3) Is there a food stagnation—in other words, does the stomach empty itself with reasonable promptitude? (4) Are the secretions normal or abnormal? (5) Are there evidences of inflammatory changes or other morbid conditions of the mucosa?

Preceding this inquiry he should ascertain the family history, the duration of the disease, coexisting affections, the presence and character of pain and effect of eating and of alkalies upon it, conditions of the occurrence of nausea or vomiting; location of tenderness, and the condition of the bowels. The routine attention to these points renders diagnosis and treatment much less difficult, and avoids mortifying mistakes.

In the April number of the American Journal of Clinical Medicine Prof. Salisbury contributes a suggestive paper dealing with the mutual assumption that absorption from the stomach is universal and speedy. In dogs and probably in man iodides are not so absorbed; strychnine is not absorbed from the stomach of the rabbit, but is from that of the dog and probably from that of man. Inouye found that neither atropine nor rhubarb were absorbed from the human stomach. Inorganic salts are slightly if at all taken up from this organ. Altogether the uncertainty of this organ is great. The intestines offer more favorable conditions, and if the stomach is empty when the medicine is taken, and the motor power good; the dose may be forwarded into the duodenum and be absorbed thence in about a quarter hour; but if the food is present it must wait the conclusion of digestion. Alcohol facilitates absorption. Great dilution hinders quick action. Carbohy-

drates leave the stomach more quickly than peptones—syrup is a better vehicle than milk for speedy action. Iodides are decomposed by hydrochloric acid present in the digestive epoch unless alkalies be given at the same time.

"About Every Prominent Man Seized with Pneumonia"—so observes Abbott in a terse and pointed brief on the treatment pneumonia in "Clinical Medicine" for March. The rest is so frank and so full of truth that we quote a part verbatim: We mentally prepared Field's obituary the moment we heard he had a "slight cold." Wheeler's death was even surer. Given, a prominent man with pneumonia, a group of "eminent physicians" in attendance, each afraid to suggest any active therapeutic measure as the rest are sure to land on him with both feet, with a daily bulletin as the last straw, and the result is inevitable. Conscious that the eyes of the entire community are on them, they have more than one-half their attention fixed on the "grand stand," and the opportunities for effective intervention are unrecognized or unimproved; while the multiplicity of counsel renders the following of a consistent plan of treatment impossible.

THE ROLE OF IRON IN THE NUTRITIVE PROCESS.

It is an established custom of physicians to administer iron whenever a patient with pale, waxy, or sallow complexion complains of extreme exhaustion, muscular feebleness, easily accelerated pulse, asphasia, anorexia and the several symptoms which constitute the characteristic issues of a qualitative or quantitative reduction of the corpuscular elements of the blood.

Such symptoms are unerring indications of anemia, and iron is beyond dispute a cure for that disorder. But while the chief therapeutic property of iron is that of an anti-anemic, the subordinate, or collateral, effects of the drug are manifold, and are worthy of far more consideration than they usually receive.

As a hemoglobin-contributor and multiplier of red blood corpuscles, iron will doubtless forever stand supreme, but its utility is by no means restricted to anemic conditions, for one of the chief effects of iron—one quite often lost sight of—is its influence upon nutrition.

The primary effect of iron is a stimulation of the blood supply. This results from invigoration of the blood vessels. As a consequence of a more active blood stream, the digestive capacity is increased and the nutritive processes are correspondingly improved. Subsequently, iron increases the amount of hemoglobin contained in the red corpuscles. This imported hemoglobin converts the systemic oxygen into ozone, and thuswise oxidation,

upon which nutrition directly depends, is restored to its proper standard.

It is impossible to emphasize the fact too strongly that it is necessary to do more than increase the appetite to correct nutritive disturbances. A voracious appetite does not necessarily imply an extensive appropriation of nutriment. On the contrary, it is commonly observed that individuals who eat ravenously suffer, the while, a progressive loss in physical weight and strength, even in the absence of all exertions that might account for such losses. And while it is obviously needful to relieve the existing anorexia in order to arrest a loss of weight, it is likewise essential that the capacity to properly digest food be fully restored before the nutritive processes can proceed in befitting order.

The manner in which iron begets an increase in appetite has only recently been perfectly understood. The earlier observers entertained the belief that an increase in appetite resulted from the mechanical effect of iron, and that this mechanical effect never manifested itself unless the drug was administered in some acid form. Later investigators advanced the theory that this mechanical effect could be secured by rendering the drug either strongly acid or alkaline. Recent observations have completely disproved the accuracy of both of those theories by inviting our attention to the indisputable fact that a neutral preparation of iron will relieve anorexia with greater celerity than will either an acid or an alkaline one. From the information gained from these observations, we are impelled to admit that the increase in appetite attending the employment of iron is due solely to the increased oxidation induced by its entrance into the blood stream. Accepting this as being true, we can readily understand the manner in which iron exerts its happy effect upon the nutritive processes.

The aforesaid facts compel the admission that that preparation of iron which enters most rapidly into the blood stream is the one capable of producing the best results in all disturbances of nutrition. Acid preparations of iron diminish the alkalinity of the blood, thus depressing the distribution of nutriment, and alkaline preparations of the drug offend the mucous lining of the alimentary tract. For these reasons it is consistent with logic to extend preferment to that preparation of iron which is neutral in reaction. That preparation is the Pepto-Mangan (Gude).

Pepto-Mangan (Gude) is unquestionably the form of iron most closely resembling that which is native to the economy, and the striking affinity for it displayed by the circulating fluid causes us to concede that it possesses desirable attributes not common to any other preparation of the drug. Whence we take it that it is the precise form in which to administer iron when a correction of nutritive deficiencies is the end to be achieved.

In those conditions of weakened digestive power where the function is unable properly to take care of the food supply; when to administer the ordinary forms of iron would be but to increase the digestive disturbance, Pepto-Mangan (Gude) may be prescribed without apprehension, as the preparation is tolerated by the weakest stomach. Being practically predigested, Pepto-Mangan is immediately absorbed by the mucous membrane and taken up by the blood without the necessity of the weakened function being called upon to prepare it for assimilation, and therefore the entire system, including the digestive function, is strengthened and reconstructed. As a nutrient tonic in digestive disorders Pepto-Mangan (Gude) has no equal.

MAKING SUFFERERS COMFORTABLE.

By W. T. Marrs, M. D. (College of Physicians and Surgeons, St. Louis, Mo.)

As has been frequently stated, the special province of the physician is to relieve pain. To do so without producing a drug habit, or in some way jeopardizing the patient's life, has always been a problem. I looked askance upon any drug or preparation purporting to be free from objectionable qualities until I began prescribing antikamnia and codeine tablets a year or so ago. The Antikamnia Chemical Company in their preparation of these tablets, by a refining process known to themselves, remove all the toxic elements from these two drugs, so that no damaging effect result. They produce only the most benign results and there is no tendency whatever to produce a drug habit. I now regard antikamnia and codeine tablets, as the ideal pain-reliever. Headache and neuralgia are not their only field of usefulness. I find that in chronic and malignant diseases where pain is a marked factor, the antikamnia and codeine tablets relieve pain and make the sufferer more comfortable. Cancer is a condition attended by excruciating pain, but I was agreeably surprised and my patient gratified at the results obtained from these tablets.

I have also had pleasing results from these tablets in both acute and chronic rheumatism. All physicians know how intractable is sciatic rheumatism, but the last few cases I had, I prescribed these tablets and I am sure they lessened the duration of the disease. To relieve pain in its incipency will often abort an inflammatory disease. This preparation certainly has quite a large field of usefulness, and the doctor who once uses it will seldom resort to any other anodyne.

Jewett, III., May 5, 1906.

THE SOLUBILITY OF "ALKALOIDAL" GRANULES.

I noticed in a recent journal that some doctor makes an objection to the granules of the active principles on the basis of their alleged insolubility or slowness of solution in water. Now I want to say to that brother that either he does not use Abbott's "Alkaloidal" granules or, if he does, he is not using them properly. I use them extensively, and have for years, and can truthfully say I have my first granule yet to find that is not soluble in water and will state further that they make a perfect solution. I often even use them hypodermically and we all know that anything insoluble cannot be used with any degree of satisfaction or safety that way—of course I refer to those containing drugs that are soluble in water. Allow me to say, in defense of the "Alkaloidal" granules, of which I have on hand almost their entire list, that I find them of uniform strength and that they always give me excellent satisfaction.

Like many good things, Abbott's "Alkaloidal" granules are imitated and with the usual result that all imitations are decidedly inferior. Dr. Abbott has done a great work for the medical profession and should have their unqualified support. No unprejudiced physician can reasonably object to his goods or his methods; and those who do for us unstintingly, as he does, should be protected from piracy by our patronage, as far as possible. So much in defense of Abbott's Alkaloidal granules and in the interests of fair play.

Dr. P. M. Howkins.

Kraig, Texas.

ANTITOXIN.

Medicine for March, quotes John Howland (Archives of Pediatrics, January, 1906), as earnestly advocating the use of diphtheria antitoxin in far larger doses than are commonly employed. He effectually disposes of the fear that diphtheria antitoxin has any untoward effects and says the occasional unpleasant symptoms noted after this administration may be disregarded. He approves of the working rule advocated by Holt, that on the second day the dose should be twice that of the first for an equally severe condition, and on the third day three times. It is better to give a sufficient quantity to neutralize the toxin at once than to give in divided doses. If necessary to give 20,000 units, it would be better to give it at once than to give 5000 units at four hour intervals. The toxin that is unneutralized would remain in the circulation, and inflict irreparable damage. For immunizing a

child under two years, except in the very young, 500 units is the proper dose, for a child over two years, including adults, the dose should be 1000 units. A mild, early attack in a child less than two years of age, (those of a few weeks still being excluded) is readily cured by 2500 to 4000 units, but the larger dose is safer. A similar attack in an older child should be met by the injection of 5000 to 6000 units and when seen late in the disease they should be given proportionately larger doses. When the case is complicated by pneumonia, very large amounts of antitoxin should be given, from 25,000 to 50,000 units. In a considerable number of cases, the Klebs Loeffler bacillus is responsible for the pneumonia, and in such it will be followed by a prompt resolution. Pneumonia, which develop after the antitoxin has been given, which is especially true of laryngeal cases, are due to the streptococcus or pneumococcus, and are not influenced by the antitoxin treatment.

Twenty-one hundred citizens of Mansfield, Ohio, have signed petitions asking that the Carnegie Library now under construction be converted into a hospital and that the \$10,000 given by Mr. Carnegie be returned to him if he will not consent to its use for a hospital building.

The Iowa State Board of Health has adopted a rule excluding tuberculous children and tuberculous teachers from the public schools of that State. Foolish legislation such as this would stop the anti-tuberculosis crusade if it could be stopped.

A West Cumberland (England) school master caught some boys chewing tobacco. By way of punishment he required the boys to swallow their tobacco. Two of them became violently sick and had to be taken very good care for some time before they were able to return to their homes. A wise schoolmaster, that.

The Hungarian faster Sacco has recently finished a fast of 45 days. He lost 55 pounds, but was in good physical condition at the end of the test. During the period he smoked 952 cigarettes and drank 22 bottles of table water.

WHICH IS CORRECT?

E. H. DeW., Milwaukee, Wis., writes to the editor:—Hallberg, in *The Journal of the American Medical Association*, believes that proprietary medicines should be known by pharmacopoeial names. Would it not be better if Vin Mariani were termed "Vinum Erythroxyton," as he suggests, instead of employing for it a deceptive synonym for a regular preparation of the pharmacopoeia?

However such an adjustment of nomenclature might result to others, it would be entirely untrue as to the preparation of Mariani. Vin Mariani was first introduced to the medical profession nearly fifty years ago. Its formula has continued as it was originally presented, representing two ounces of the aromatic and desirable constituents of Coca leaves, to each half litre bottle of wine. "Vinum Erythroxyton," in fact, would be a misnomer for Coca Wine because Erythroxyton is the name of the genus, and not the name of the species from which the wine is made. Vinum Cocae of the pharmacopoeia, and Coca wine of other makes have all followed the original conception of M. Mariani. They follow after, and of necessity are only imitations of his idea. Some have tried to improve on the original, but have ended in failure, not because Vin Mariani is a secret remedy, but because it is made primarily with a regard for, and a maintenance of, qualities known to be present in Coca which others have persistently ignored. Vinum Cocae only became official in the present edition of the U. S. Pharmacopoeia, and as Vin Mariani has been before the profession nearly half a century, it can hardly be termed "a deceptive synonym for a regular preparation of the pharmacopoeia." In fact, the pharmacopoeia suggests an entirely different preparation of Coca based upon the assayed strength of cocaine, while Vin Mariani has a reputation established upon aromatic principles rather than upon cocaine content, and this is the true standard of efficiency of Coca as employed by the Andean Indian.—*The Coca Leaf*, January, 1906.

THE ORIGIN OF MAN.

The theory that man and the anthropoid ape have a common ancestor has recently received an additional support by some new dis-

coveries in the domain of pathology. Metchnikoff discovered that the chimpanzee is susceptible to syphilis and this animal is being used to produce curative sera against this disease. Another curious fact is that the blood of the anthropoid ape is similar to human blood in the phenomenon of hemolysis, which accentuates its biological identity. The menstrual function in the anthropoid ape is said to resemble that of the woman; it is no wonder, in the light of these facts, that the evolutionist are again becoming strenuously aggressive. The phenomena, according to Saleby, prove conclusively that man and the chimpanzee have a common origin. We expect a new era of debate on the origin of man from the new book by the author mentioned. Meanwhile, the evolutionist himself might collect some facts, a task which they have neglected since the days of Darwin.—*Courier of Med.*

LYING AS A DISEASE.

Gradually clinicians are widening the field of nosology, and the pernicious habit of lying purposely or on trivial grounds is the new syndrome to receive a place in our classification of disease, according to Gordon (*American Medicine*). There can be no doubt that lying is often a symptom of degeneracy, but we would scarcely give it a place of its own. Like swearing, it may be due entirely to bad training or evil example in childhood. Some characters have grown famous by their deceitful qualities and the individual recognizing the reason of his prominence is likely to keep it up. "After a tongue has once got the knack of lying," says Montaigne, "it is not to be imagined how impossible almost it is to reclaim it."

While we must recognize inordinate lying as abnormal, other corroborative evidence must be found to make it a disease.—*Courier of Med.*

ADMINISTRATION OF CHLOROFORM.

Chloroform should not be administered too close to a gas jet or gas stove, as its vapors are thereby decomposed, forming products which when inhaled by the patient, surgeon and assistants may give rise to disagreeable and even serious effects, such as nausea, vomiting and pulmonary and renal irritation.—*Internat. Jour of Surg.*

THE TUBERCULOSIS QUESTION.

It will be recalled that Behring a few years ago began a heated controversy by stating that tuberculosis was usually acquired through the intestinal tract and not through the respiratory tube. At first, very vigorous objections were made to this theory, inasmuch as it upset preconceived theories as to the modes of infection by inhalation. Curiously enough we are getting accustomed to this view and while cow's milk as the source of tuberculosis is not given an important part, the intestinal mucous membrane is blamed mostly for not preventing the ingress of the tubercle bacillus. According to Schlossman, even Behring today admits that the tuberculous person is the principal source of infection to the child. Schlossman (Arch. Kinderheilk) furthermore relinquishes his position as an opponent to Behring's position, and now believes that tuberculosis in the young has an enterogenic and not an aerogenic origin. The tubercle bacilli must be swallowed to produce tuberculosis of the lungs; the bacilli do not reach the lungs by inhalation, and the inhalation theory is beginning to lose caste.—*Courier of Med.*

A SUCCESSFUL HOUSE.

The Sultan Drug Co. of St. Louis has now been in existence for nearly fifteen years, and its laboratories are under the direct supervision of its president, Mr. F. W. Sultan, a pharmaceutical chemist. Mr. Sultan is a graduate of the Maryland College of Pharmacy, took a special course in quantitative analysis under Professors Simon and Dickery, took the Simon Gold Medal for analytical chemistry in 1884, and has made several achievements in pharmaceutical chemistry, among them Cactina. He was connected with the laboratory of Messrs. Sharp & Dohme, of Baltimore, for nearly ten years, when he organized the Sultan Drug Co. in St. Louis. Mr. Sultan is also Secretary and Treasurer of the Peacock Chemical Co. and is in complete charge of their laboratory. He is justly proud of the critical analysis made of the alkaline bromides found on the English market by Messrs. Helbing and Passmore, the eminent analytical chemists of London, in which it was shown that the salts used in the manufacture of Peacock's Bromides were practically pure and superior to the bromides usually found on the American market. The preparations manufactured by these two houses have always been advertised and offered to the medical profession only in the most ethical manner, and they are indorsed and used by English speaking physicians as well as in all of the civilized countries of the world.—*Medical Sentinel.*